|                                |                                                                                         |                                                                                                                                                                                         | ** PUBLIC DISCLOSURE COPY                                                                                                                                                        | * *                                              |                            |  |  |  |  |  |  |  |  |
|--------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------|--|--|--|--|--|--|--|--|
|                                | Ω                                                                                       | 00                                                                                                                                                                                      | Return of Organization Exempt From                                                                                                                                               | Income Tax                                       | OMB No. 1545-0047          |  |  |  |  |  |  |  |  |
| Forr                           | n <b>Y</b>                                                                              | 90                                                                                                                                                                                      | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (                                                                                                          | except private foundations                       | 2017                       |  |  |  |  |  |  |  |  |
|                                |                                                                                         | of the Treasury                                                                                                                                                                         | Do not enter social security numbers on this form as it ma                                                                                                                       |                                                  | Open to Public             |  |  |  |  |  |  |  |  |
| _                              |                                                                                         | enue Service                                                                                                                                                                            | ► Go to www.irs.gov/Form990 for instructions and the late                                                                                                                        |                                                  | Inspection                 |  |  |  |  |  |  |  |  |
|                                | A For the 2017 calendar year, or tax year beginning SEP 1, 2017 and ending AUG 31, 2018 |                                                                                                                                                                                         |                                                                                                                                                                                  |                                                  |                            |  |  |  |  |  |  |  |  |
| а                              | heck if<br>pplicab                                                                      | ole:                                                                                                                                                                                    | f organization                                                                                                                                                                   | D Employer identificat                           | ion number                 |  |  |  |  |  |  |  |  |
| X                              | Addre                                                                                   |                                                                                                                                                                                         | -A-WISH FOUNDATION INTERNATIONAL                                                                                                                                                 |                                                  |                            |  |  |  |  |  |  |  |  |
|                                | Name<br>chang                                                                           | ge Doing bi                                                                                                                                                                             | usiness as                                                                                                                                                                       | 86-072                                           | 26985                      |  |  |  |  |  |  |  |  |
|                                | Initial<br>returr                                                                       | Number                                                                                                                                                                                  | and street (or P.O. box if mail is not delivered to street address)                                                                                                              |                                                  |                            |  |  |  |  |  |  |  |  |
|                                | Final<br>returr<br>termi                                                                | ň-                                                                                                                                                                                      | E HIGHLAND AVENUE 305                                                                                                                                                            |                                                  | 30-9900                    |  |  |  |  |  |  |  |  |
|                                | ated<br>]Amer                                                                           | City or to                                                                                                                                                                              | own, state or province, country, and ZIP or foreign postal code                                                                                                                  | G Gross receipts \$                              | 7,693,881.                 |  |  |  |  |  |  |  |  |
|                                | _lreturr<br>]Appli                                                                      |                                                                                                                                                                                         | nd address of principal officer:MICHEL RUDOLPHIE                                                                                                                                 | H(a) Is this a group return<br>for subordinates? |                            |  |  |  |  |  |  |  |  |
| L                              | ⊥tiòn<br>pend                                                                           |                                                                                                                                                                                         | AS C ABOVE                                                                                                                                                                       | H(b) Are all subordinates include                |                            |  |  |  |  |  |  |  |  |
| <u> </u>                       | · 2V-0V                                                                                 | empt status:                                                                                                                                                                            |                                                                                                                                                                                  | 527 If "No," attach a list                       |                            |  |  |  |  |  |  |  |  |
|                                |                                                                                         |                                                                                                                                                                                         | WORLDWISH.ORG                                                                                                                                                                    | H(c) Group exemption n                           |                            |  |  |  |  |  |  |  |  |
|                                |                                                                                         |                                                                                                                                                                                         |                                                                                                                                                                                  | ear of formation: 1993 M S                       |                            |  |  |  |  |  |  |  |  |
|                                | rt I                                                                                    |                                                                                                                                                                                         |                                                                                                                                                                                  |                                                  | ato or logar donnono.      |  |  |  |  |  |  |  |  |
|                                | 1                                                                                       | Briefly describ                                                                                                                                                                         | be the organization's mission or most significant activities: TOGETHER                                                                                                           | , WE CREATE                                      |                            |  |  |  |  |  |  |  |  |
| nce                            |                                                                                         | LIFE-CH                                                                                                                                                                                 | ANGING WISHES FOR CHILDREN WITH CRITIC                                                                                                                                           | CAL ILLNESSES.                                   |                            |  |  |  |  |  |  |  |  |
| rna                            | 2                                                                                       | Check this bo                                                                                                                                                                           | ts.                                                                                                                                                                              |                                                  |                            |  |  |  |  |  |  |  |  |
| & Governance                   | 3                                                                                       | 12<br>12                                                                                                                                                                                |                                                                                                                                                                                  |                                                  |                            |  |  |  |  |  |  |  |  |
| ۍ<br>م                         | 4                                                                                       | 3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1b)       4 |                                                                                                                                                                                  |                                                  |                            |  |  |  |  |  |  |  |  |
| es                             | 5                                                                                       | Total number                                                                                                                                                                            | 22                                                                                                                                                                               |                                                  |                            |  |  |  |  |  |  |  |  |
| iviti                          | 6                                                                                       |                                                                                                                                                                                         | of volunteers (estimate if necessary)                                                                                                                                            |                                                  | 20                         |  |  |  |  |  |  |  |  |
| Activities                     |                                                                                         |                                                                                                                                                                                         | d business revenue from Part VIII, column (C), line 12                                                                                                                           |                                                  | 0.                         |  |  |  |  |  |  |  |  |
|                                | b                                                                                       | Net unrelated                                                                                                                                                                           | business taxable income from Form 990-T, line 34                                                                                                                                 |                                                  | 6,432.                     |  |  |  |  |  |  |  |  |
|                                |                                                                                         |                                                                                                                                                                                         | _                                                                                                                                                                                | Prior Year                                       | Current Year               |  |  |  |  |  |  |  |  |
| ne                             | 8                                                                                       |                                                                                                                                                                                         | and grants (Part VIII, line 1h)                                                                                                                                                  | 6,136,774.                                       | 6,059,401.                 |  |  |  |  |  |  |  |  |
| Revenue                        | 9                                                                                       | -                                                                                                                                                                                       | ce revenue (Part VIII, line 2g)                                                                                                                                                  | 1,618,221.                                       | 1,573,587.                 |  |  |  |  |  |  |  |  |
| Re                             |                                                                                         |                                                                                                                                                                                         | come (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                 | 28,897.                                          | 15,720.                    |  |  |  |  |  |  |  |  |
|                                |                                                                                         |                                                                                                                                                                                         | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                     | 7,783,892.                                       | <u> </u>                   |  |  |  |  |  |  |  |  |
|                                | 12                                                                                      |                                                                                                                                                                                         | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                             | 3,587,727.                                       | 3,972,799.                 |  |  |  |  |  |  |  |  |
|                                | 13                                                                                      |                                                                                                                                                                                         | milar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                              | 0.                                               | 0.                         |  |  |  |  |  |  |  |  |
|                                |                                                                                         |                                                                                                                                                                                         | to or for members (Part IX, column (A), line 4)                                                                                                                                  | 2,189,523.                                       | 1,605,173.                 |  |  |  |  |  |  |  |  |
| Expenses                       | 10                                                                                      | Drofossional fr                                                                                                                                                                         | r compensation, employee benefits (Part IX, column (A), lines 5-10)<br>undraising fees (Part IX, column (A), line 11e)<br>ing expenses (Part IX, column (D), line 25) ► 535,947. | 0.                                               | 0.                         |  |  |  |  |  |  |  |  |
| ben                            | lua<br>h                                                                                | Total fundrais                                                                                                                                                                          | ind expenses (Part IX, column (D), line 25) $\sim$ 535, 947.                                                                                                                     |                                                  |                            |  |  |  |  |  |  |  |  |
| Ă                              | 17                                                                                      | Other expense                                                                                                                                                                           | es (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                 | 1,939,780.                                       | 2,043,445.                 |  |  |  |  |  |  |  |  |
|                                | 18                                                                                      |                                                                                                                                                                                         | es ( at ind, solainin ( ), integral rid, rid 240,                                                                                                                                | 7,717,030.                                       | 7,621,417.                 |  |  |  |  |  |  |  |  |
|                                | 19                                                                                      | -                                                                                                                                                                                       | expenses. Subtract line 18 from line 12                                                                                                                                          | 66,862.                                          | 27,291.                    |  |  |  |  |  |  |  |  |
| or<br>Ses                      |                                                                                         |                                                                                                                                                                                         |                                                                                                                                                                                  | Beginning of Current Year                        | End of Year                |  |  |  |  |  |  |  |  |
| sets<br>Ilanc                  | 20                                                                                      | Total assets (F                                                                                                                                                                         | Part X, line 16)                                                                                                                                                                 | 4,338,759.                                       | 4,230,807.                 |  |  |  |  |  |  |  |  |
| d Ba                           | 21                                                                                      |                                                                                                                                                                                         | ; (Part X, line 26)                                                                                                                                                              | 1,489,321.                                       | 1,325,525.                 |  |  |  |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 22                                                                                      |                                                                                                                                                                                         | fund balances. Subtract line 21 from line 20                                                                                                                                     | 2,849,438.                                       | 2,905,282.                 |  |  |  |  |  |  |  |  |
|                                | rt II                                                                                   |                                                                                                                                                                                         |                                                                                                                                                                                  |                                                  |                            |  |  |  |  |  |  |  |  |
| Unde                           | er pen                                                                                  | alties of perjury,                                                                                                                                                                      | I declare that I have examined this return, including accompanying schedules and stat                                                                                            | tements, and to the best of my kr                | nowledge and belief, it is |  |  |  |  |  |  |  |  |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign<br>Here     | Signature of officer<br>MICHEL RUDOLPHIE, PRES<br>Type or print name and title | IDENT AND CEO                                                          | Date |  |  |  |  |  |  |
|------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|------|--|--|--|--|--|--|
| Paid<br>Preparer | Print/Type preparer's name<br>JACQUELINE ECKMAN                                | Check PTIN<br>if<br>self-employed P01300648<br>Firm's EIN ► 41-0746749 |      |  |  |  |  |  |  |
| Use Only         |                                                                                |                                                                        |      |  |  |  |  |  |  |
|                  | RS discuss this return with the preparer shown ab                              | X k                                                                    |      |  |  |  |  |  |  |

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

|    |                                                                                             |                                 |                              | Forn              | n <b>990</b> (2 |
|----|---------------------------------------------------------------------------------------------|---------------------------------|------------------------------|-------------------|-----------------|
| 4e | Total program service expenses                                                              | 6,487,725.                      |                              | ,                 | 000             |
| 4d | Other program services (Describe in Schec<br>(Expenses \$ in                                | dule O.)                        | ) (Revenue \$                | )                 |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
| 4c | (Code:) (Expenses \$                                                                        | including grants                | of \$                        | ) (Revenue \$     |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
| 4b | (Code:) (Expenses \$                                                                        | including grants                | of \$                        | ) (Revenue \$     |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    |                                                                                             |                                 |                              |                   |                 |
|    | TO INCREASE OPPORTUNI<br>CRITICAL ILLNESSES.                                                | TIES TO SATISF                  | Y THE WISHES O               | F CHILDREN WITH   |                 |
|    | THE ASSISTANCE PROVID                                                                       | ED IS INTENDED                  | TO ENHANCE TH                | E AFFILIATES' ABI |                 |
|    | THE FOUNDATION PROVID                                                                       | ES FINANCIAL A                  | ND MANAGERIAL                | ASSISTANCE TO ITS | 3               |
| 4a | revenue, if any, for each program service re                                                | eported.                        | of \$ 3,972,79               |                   |                 |
| 4  | Describe the organization's program service<br>Section 501(c)(3) and 501(c)(4) organization |                                 |                              |                   |                 |
| 3  | Did the organization cease conducting, or If "Yes," describe these changes on Scher         |                                 | now it conducts, any progra  | m services?       | es X            |
| _  | If "Yes," describe these new services on S                                                  | chedule O.                      |                              |                   |                 |
| 2  | Did the organization undertake any signific prior Form 990 or 990-EZ?                       |                                 | the year which were not list |                   | es X            |
|    |                                                                                             |                                 |                              |                   |                 |
|    | THE MAKE-A-WISH FOUND                                                                       |                                 |                              | LIFE-CHANGING WI  | опе             |
| 1  | Briefly describe the organization's mission:                                                |                                 |                              |                   |                 |
|    | Check if Schedule O contains a resp                                                         | ionse or note to any line in ti | 110 1° al l 111              |                   |                 |

| -    | ~~~ | (0047) |  |
|------|-----|--------|--|
| ⊢orm | 990 | (2017) |  |

| Pa  | rt 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?                                                   | 2   | Х   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |          |
|     | public office? If "Yes," complete Schedule C, Part I                                                                             | 3   |     | Х        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |     |     |          |
|     | during the tax year? If "Yes," complete Schedule C, Part II                                                                      | 4   |     | X        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |     |     |          |
|     | similar amounts as defined in Revenue Procedure 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   |     | X        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |     |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7   |     | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete    |     |     |          |
|     | Schedule D, Part III                                                                                                             | 8   |     | Х        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    |     |     |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?        |     |     |          |
|     | If "Yes," complete Schedule D, Part IV                                                                                           | 9   |     | Х        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    |     |     |          |
|     | endowments, or 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 |     | X        |
| с   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       |     |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                     | 11c |     | 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   |          |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e | Х   |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |     |     |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f | Х   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |     |     |          |
|     | Schedule D, Parts XI and XII                                                                                                     | 12a | Х   |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |     |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b |     | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13  |     | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a | Х   | <u> </u> |
| 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 | Х   | <u> </u> |
| 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        |     | 37  |          |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                             | 15  | Х   | <b> </b> |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |     |     | 17       |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                      | 16  | ļ   | X        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |     |     | 77       |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                               | 17  |     | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |     |     | 17       |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                | 18  | ļ   | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |     |     | 37       |
|     | complete Schedule G. Part III                                                                                                    | 19  |     | ΙĂ       |

Form **990** (2017)

732003 11-28-17

|   | Form 990 (2 |              | MAKE-A-WISH        |               |
|---|-------------|--------------|--------------------|---------------|
| ĺ | Part IV     | Checklist of | Required Schedules | s (continued) |

|     |                                                                                                                                 |            | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a        |     | Х  |
| 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   |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |            |     |    |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                     | 22         |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |            |     |    |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |            |     |    |
|     | Schedule J                                                                                                                      | 23         | Х   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |            |     |    |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |            |     |    |
|     | Schedule K. If "No", go to line 25a                                                                                             | 24a        |     | X  |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b        |     |    |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |            |     |    |
|     | any tax-exempt bonds?                                                                                                           | 24c        |     |    |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d        |     |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |            |     |    |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a        |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |            |     |    |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |            |     |    |
|     | Schedule L, Part I                                                                                                              | 25b        |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |            |     |    |
|     | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"          |            |     | x  |
| 07  | complete Schedule L, Part II                                                                                                    | 26         |     |    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |            |     |    |
|     | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             | 07         |     | x  |
| 00  | of any of these persons? If "Yes," complete Schedule L, Part III                                                                | 27         |     |    |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |            |     |    |
| •   | instructions for applicable filing thresholds, conditions, and exceptions):                                                     | 28a        |     | x  |
|     | A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>           | 20a<br>28b |     | X  |
|     | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200        |     |    |
| U   |                                                                                                                                 | 28c        |     | x  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29         | Х   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |            |     |    |
|     | contributions? If "Yes," complete Schedule M                                                                                    | 30         |     | x  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                    |            |     |    |
| 0.  | If "Yes," complete Schedule N, Part I                                                                                           | 31         |     | x  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |            |     |    |
|     | Schedule N, Part II                                                                                                             | 32         |     | x  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |            |     |    |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                       | 33         |     | х  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |            |     |    |
|     | Part V, line 1                                                                                                                  | 34         |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                         | 35a        |     | Х  |
|     | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |            |     |    |
|     | 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 related organization?      |            |     |    |
|     | If "Yes," complete Schedule R, Part V, line 2                                                                                   | 36         |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |            |     |    |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37         |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |            |     |    |
|     | Note. All Form 990 filers are required to complete Schedule O                                                                   | 38         | Х   |    |

Form **990** (2017)

732004 11-28-17

| Pa         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                       |         |     |          |  |  |  |  |  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|---------|-----|----------|--|--|--|--|--|
|            | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u></u>        |                       | <u></u> |     |          |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                       |         | Yes | No       |  |  |  |  |  |
| 1a         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1a             | 2                     |         |     |          |  |  |  |  |  |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                       |         |     |          |  |  |  |  |  |
| <b>2</b> a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                       |         |     |          |  |  |  |  |  |
|            | filed for the calendar year ending with or within the year covered by this return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2a             | 22                    |         |     |          |  |  |  |  |  |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ns?            |                       | 2b      | Х   |          |  |  |  |  |  |
|            | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )              |                       |         |     |          |  |  |  |  |  |
| 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 in Schedule 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | о <sub>…</sub> |                       | 3b      | Х   |          |  |  |  |  |  |
| 4a         | At any time during the calendar year, did the organization have an interest in, or a signature or other a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | uthor          | ity over, a           |         |     |          |  |  |  |  |  |
|            | financial account in a foreign country (such as a bank account, securities account, or other financial a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | iccou          | nt)?                  | 4a      |     | X        |  |  |  |  |  |
| b          | If "Yes," enter the name of the foreign country: ►                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                       |         |     |          |  |  |  |  |  |
|            | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ccoun          | ts (FBAR).            |         |     |          |  |  |  |  |  |
| 5a         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                       | 5a      |     | Х        |  |  |  |  |  |
|            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                       | 5b      |     | X        |  |  |  |  |  |
| с          | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                       | 5c      |     |          |  |  |  |  |  |
|            | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                       |         |     |          |  |  |  |  |  |
|            | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                       | 6a      |     | X        |  |  |  |  |  |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                       |         |     |          |  |  |  |  |  |
|            | 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 service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and par | vices p        | rovided to the payor? | 7a      |     | Х        |  |  |  |  |  |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                       | 7b      |     |          |  |  |  |  |  |
|            | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                       |         |     |          |  |  |  |  |  |
|            | to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                       |         |     |          |  |  |  |  |  |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7d             |                       |         |     |          |  |  |  |  |  |
|            | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ontrac         | xt?                   | 7e      |     | Х        |  |  |  |  |  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                       | 7f      |     | Х        |  |  |  |  |  |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                       | 7g      |     |          |  |  |  |  |  |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                       | 7h      |     |          |  |  |  |  |  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                       |         |     |          |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •              |                       | 8       |     |          |  |  |  |  |  |
| 9          | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                       |         |     |          |  |  |  |  |  |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                       | 9a      |     |          |  |  |  |  |  |
|            | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                       | 9b      |     |          |  |  |  |  |  |
| 10         | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                       |         |     |          |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | )                     | 12a     |     |          |  |  |  |  |  |
|            | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12.0           |                       |         |     |          |  |  |  |  |  |
|            | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                       | 13a     |     |          |  |  |  |  |  |
| a          | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                       | 104     |     |          |  |  |  |  |  |
| h          | Enter the amount of reserves the organization is required to maintain by the states in which the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                       |         |     |          |  |  |  |  |  |
| 5          | organization is licensed to issue qualified health plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13b            |                       |         |     |          |  |  |  |  |  |
| ~          | Enter the amount of reserves on hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 130<br>13c     |                       |         |     |          |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                       | 14a     |     | X        |  |  |  |  |  |
|            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                       | 14a     |     | <u> </u> |  |  |  |  |  |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | J              |                       |         |     | <u> </u> |  |  |  |  |  |

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#### MAKE-A-WISH FOUNDATION INTERNATIONAL

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 in Schedule O. See instructions.

|    | Check if Schedule O contains a response or note to any line in this Part VI                                         |              |                       |          |                |   |
|----|---------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|----------|----------------|---|
| ec | tion A. Governing Body and Management                                                                               |              |                       |          | N <sub>2</sub> | Т |
|    |                                                                                                                     |              | 1:                    |          | Yes            | ╀ |
| 1a | Enter the number of voting members of the governing body at the end of the tax year                                 | . <b>1</b> a | <i>.</i> ۲            | 4        |                |   |
|    | 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 in Schedule O.               |              | 1:                    |          |                |   |
|    | Enter the number of voting members included in line 1a, above, who are independent                                  |              |                       |          |                |   |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relations              | hip with a   | any other             |          |                | ł |
| _  | officer, director, trustee, or key employee?                                                                        |              |                       | 2        | <u> </u>       | ┦ |
| 3  | Did the organization delegate control over management duties customarily performed by or under                      |              |                       |          |                |   |
|    | of officers, directors, or trustees, or key employees to a management company or other person? $\ldots$             |              |                       | 3        |                | 4 |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form                   |              |                       | 4        | <u> </u>       |   |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's a                |              |                       | 5        | 37             | _ |
| 6  | Did the organization have members or stockholders?                                                                  |              |                       | 6        | X              | 4 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or                     |              |                       |          |                |   |
|    | more members of the governing body?                                                                                 |              |                       | 7a       | X              | 4 |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members                    | , stockho    | olders, or            |          |                |   |
|    | persons other than the governing body?                                                                              |              |                       | 7b       | X              |   |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the y        | /ear by the  | e following:          |          |                |   |
| а  | The governing body?                                                                                                 |              |                       | 8a       | X              |   |
| b  | Each committee with authority to act on behalf of the governing body?                                               |              |                       | 8b       | X              | ļ |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-           | eached a     | at the                |          |                |   |
|    | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                             |              |                       | 9        |                |   |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal                   | Revenue      | Code.)                |          |                | _ |
|    |                                                                                                                     |              |                       |          | Yes            |   |
| 0a | 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     | s, affiliates,        |          |                |   |
|    | and branches to ensure their operations are consistent with the organization's exempt purposes?                     |              |                       | 10b      | X              |   |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing bo                   | ody befor    | re filing the form?   | 11a      | X              |   |
| b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                       |              |                       |          |                |   |
| 2a | 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 ri | se to conf   | licts?                | 12b      | X              |   |
| с  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If                  | "Yes," de    | escribe               |          |                |   |
|    | in Schedule O how this was done                                                                                     |              |                       | 12c      | X              |   |
| 3  | Did the organization have a written whistleblower policy?                                                           |              |                       | 13       | X              | 1 |
| 4  | Did the organization have a written document retention and destruction policy?                                      |              |                       | 14       | X              | 1 |
| 5  | Did the process for determining compensation of the following persons include a review and appro                    |              |                       |          |                | 1 |
|    | persons, comparability data, and contemporaneous substantiation of the deliberation and decision                    |              |                       |          |                |   |
| а  | The organization's CEO, Executive Director, or top management official                                              |              |                       | 15a      | X              | I |
|    | Other officers or key employees of the organization                                                                 |              |                       | 15b      |                | 1 |
| ~  | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                 |              |                       | 10.0     |                | 1 |
| 62 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang           | iement w     | ith a                 |          |                | I |
| 54 | taxable entity during the year?                                                                                     |              |                       | 16a      |                | l |
| h  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu             |              |                       |          |                | t |
| ~  | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org                 | •            | ·                     |          |                |   |
|    | exempt status with respect to such arrangements?                                                                    |              |                       | 16b      |                | l |
| ec | tion C. Disclosure                                                                                                  |              |                       | 100      |                |   |
| 7  | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AZ$                 |              |                       |          |                |   |
| 8  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990                  | )-T (Secti   | on 501(c)(3)s only)   | availah  | ble            |   |
| -  | for public inspection. Indicate how you made these available. Check all that apply                                  |              |                       |          |                |   |
| •  |                                                                                                                     |              |                       | al 41:   |                |   |
| 9  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, or                   | conflict o   | i interest policy, ar | ia finan | ICIAI          |   |
|    | statements available to the public during the tax year.                                                             |              |                       |          |                |   |
| ~  | State the name, address, and telephone number of the person who possesses the organization's to                     | books an     | a records: 🕨          |          |                |   |
| 20 | MICHEL RUDOLPHIE - 602-230-9900                                                                                     | F 0 1 C      |                       |          |                |   |
| 20 |                                                                                                                     | 5016         |                       |          | 1 <b>990</b>   | _ |

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

|                                  |                        | 1 ge                           |                             |         |              | прс                             | noui   |                     |                                  |                          |
|----------------------------------|------------------------|--------------------------------|-----------------------------|---------|--------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|
| (A)                              | (B)                    |                                | (C)                         |         |              |                                 |        | (D)                 | (E)                              | (F)                      |
| Name and Title                   | Average                | (do                            | (do not check more than one |         |              |                                 | one    | Reportable          | Reportable                       | Estimated                |
|                                  | hours per              | box                            | , unle<br>cer an            | ss pe   | erson        | is bot                          | h an   | compensation        | compensation                     | amount of                |
|                                  | week                   |                                |                             |         |              |                                 |        | from                | from related                     | other                    |
|                                  | (list any<br>hours for | lirecto                        |                             |         |              |                                 |        | the<br>organization | organizations<br>(W-2/1099-MISC) | compensation<br>from the |
|                                  | related                | e or c                         | stee                        |         |              | Isatec                          |        | (W-2/1099-MISC)     | (1099-10130)                     | organization             |
|                                  | organizations          | truste                         | al trus                     |         | yee          | mper                            |        |                     |                                  | and related              |
|                                  | below                  | Individual trustee or director | Institutional trustee       | 5       | Key employee | est co<br>oyee                  | er     |                     |                                  | organizations            |
|                                  | line)                  | Indiv                          | In stit                     | Officer | Keye         | Highest compensated<br>employee | Former |                     |                                  | -                        |
| (1) MARKOS TAMBAKERAS            | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| CHAIR                            |                        | X                              |                             | X       |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (2) PETER ECONOMIDES             | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| CHAIR (LEFT BEFORE YEAR END)     |                        | X                              |                             | X       |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (3) DAVE STINTON                 | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| VICE CHAIR                       |                        | X                              |                             | X       |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (4) JEAN RAAZI                   | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| TREASURER                        |                        | X                              |                             | X       |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (5) CAROLE HAKKO                 | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| SECRETARY                        |                        | X                              |                             | X       |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (6) GILLI SINCLAIR               | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| SECRETARY (LEFT BEFORE YEAR END) |                        | X                              |                             | X       |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (7) GRAHAM FREEMAN               | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (8) AJAY HINDUJA                 | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR (LEFT BEFORE YEAR END)  |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (9) ARIK HYBLOOM                 | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (10) JAVIER IRARRAZAVAL          | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (11) KIM JENKINS                 | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | Х                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (12) LUCIANO MANZO               | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | Х                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (13) JAYNE MILLARD               | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (14) S.I. PARK                   | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (15) HOWARD PRINCE-WRIGHT        | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR                         |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (16) JON ROSS                    | 2.00                   |                                |                             |         |              |                                 |        |                     |                                  |                          |
| DIRECTOR (LEFT BEFORE YEAR END)  |                        | X                              |                             |         |              |                                 |        | 0.                  | 0.                               | 0.                       |
| (17) JON STETTNER                | 45.00                  |                                |                             |         |              |                                 |        |                     |                                  |                          |
| PRESIDENT & CEO                  |                        |                                |                             | Х       |              |                                 |        | 220,455.            | 0.                               | 25,638.                  |
| 732007 11-28-17                  |                        |                                |                             |         |              |                                 |        |                     |                                  | Form <b>990</b> (2017)   |

732007 11-28-17

14540715 099347 038-00042400 2017.06000 MAKE-A-WISH FOUNDATION INTE 038-0P01

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|                                                        |                  |                                |                       |         |              |                                 |        | RNATIONAL                  | 86-07                         | 269           | 985          | Page 8 |
|--------------------------------------------------------|------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------------|-------------------------------|---------------|--------------|--------|
| Part VII Section A. Officers, Directors, Trus          | tees, Key Em     | ploy                           | vees,                 | , and   | d Hi         | ighe                            | st C   | Compensated Employe        | es (continued)                |               |              |        |
| (A)                                                    | (B)              |                                |                       |         |              |                                 |        | (D)                        | (E)                           |               |              | -)     |
| Name and title                                         | Average          | (do not check                  |                       |         |              |                                 |        | Reportable                 | Reportable                    |               | Estim        |        |
|                                                        | week             |                                |                       |         |              |                                 |        | compensation<br>from       | compensation                  | 1             | amou         |        |
|                                                        | (list any        | tor                            |                       |         |              |                                 |        | the                        | from related<br>organizations |               | oth<br>compe |        |
|                                                        | hours for        | direct                         |                       |         |              | g                               |        | organization               | (W-2/1099-MIS                 |               | from         |        |
|                                                        | related          | tee or                         | Istee                 |         |              | en sa te                        |        | (W-2/1099-MISC)            | (                             | -/            | organi       |        |
|                                                        | organizations    | l trus                         | nal tru               |         | oyee         | ompe                            |        |                            |                               |               | and re       | elated |
|                                                        | below            | Individual trustee or director | Institutional trustee | cer     | ƙey employee | Highest compensated<br>employee | Former |                            |                               |               | organiz      | ations |
|                                                        | line)            | Indi                           | Inst                  | Officer | Key          | Higlemp                         | Боп    |                            |                               | $\rightarrow$ |              |        |
| (18) PETER FINLEY                                      | 45.00            |                                |                       | 37      |              |                                 |        | 152 510                    |                               |               | 14           | 070    |
| VICE PRESIDENT & COO                                   | 45 00            |                                |                       | Х       |              |                                 |        | 153,710.                   |                               | 0.            | 14,          | 273.   |
| (19) JOHN VRANAS                                       | 45.00            |                                |                       | v       |              |                                 |        | 147 400                    |                               |               | 10           | 111    |
| VP CHIEF DEVELOPMENT & MARKETING OFF                   | 45 00            |                                |                       | Χ       |              |                                 |        | 147,400.                   |                               | 0.            | 10,          | 414.   |
| (20) CARLY GALLI                                       | 45.00            |                                |                       |         |              | x                               |        | 100 007                    |                               | 0.            | 10           | 705    |
| VP TECHNOLOGY & INNOVATION (21) SYLVIA HOPKINS         | 45.00            |                                |                       |         |              | <b>^</b>                        |        | 128,287.                   |                               | <u> </u>      | 10,          | 705.   |
|                                                        | 43.00            |                                |                       |         |              | x                               |        | 110,457.                   |                               | 0.            | 12           | 227    |
| VICE PRESIDENT, MARKETING (22) LORI NEWCOMB            | 45.00            |                                |                       |         |              | ^                               |        | 110,437.                   |                               | <u>.</u>      | 12,          | 227.   |
| VICE PRESIDENT, FUNDRAISING                            | 43.00            |                                |                       |         |              | x                               |        | 109,944.                   |                               | 0.            | 9            | 636.   |
| VICE FRESIDENT, FONDRAISING                            |                  |                                | $\left  \right $      |         |              |                                 |        | 107,744.                   |                               |               |              | 030.   |
|                                                        |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
|                                                        |                  |                                | $\left  \right $      |         |              |                                 |        |                            |                               | -+            |              |        |
|                                                        |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
|                                                        |                  |                                |                       |         |              |                                 |        |                            |                               | $\rightarrow$ |              |        |
|                                                        |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
|                                                        |                  |                                |                       |         |              |                                 |        |                            |                               | +             |              |        |
|                                                        |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
| 1b Sub-total                                           |                  |                                |                       |         |              |                                 |        | 870,253.                   |                               | 0.            | 90           | 893.   |
| c Total from continuation sheets to Part VI            |                  |                                |                       |         |              |                                 |        | 0.                         |                               | 0.            |              | 0.     |
| d Total (add lines 1b and 1c)                          |                  |                                |                       |         |              |                                 |        | 870,253.                   |                               | 0.            | 90           | 893.   |
| 2 Total number of individuals (including but n         |                  |                                |                       |         |              |                                 | no r   | ,                          | .000 of reportable            | <br>}         |              |        |
| compensation from the organization                     |                  |                                |                       |         |              | -,                              |        |                            | ,                             |               |              | 6      |
|                                                        |                  |                                |                       |         |              |                                 |        |                            |                               |               | Ye           | es No  |
| 3 Did the organization list any <b>former</b> officer, | director, or tru | iste                           | e, ke                 | y en    | nplo         | oyee,                           | or     | highest compensated e      | mployee on                    |               |              |        |
| line 1a? If "Yes," complete Schedule J for s           |                  |                                |                       |         | •            |                                 |        | •                          |                               | - E           | 3            | X      |
| 4 For any individual listed on line 1a, is the su      |                  |                                |                       |         |              |                                 |        |                            |                               | ··· -         |              |        |
| and related organizations greater than \$150           | -                |                                |                       |         |              |                                 |        | -                          | 5                             | - 1           | 4 Ž          | Z      |
| 5 Did any person listed on line 1a receive or a        |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
| rendered to the organization? If "Yes," com            | -                |                                |                       |         | -            |                                 |        | ~                          |                               |               | 5            | Х      |
| Section B. Independent Contractors                     |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
| 1 Complete this table for your five highest co         | mpensated inc    | depe                           | ende                  | nt c    | ontr         | racto                           | rs     | that received more than    | \$100,000 of com              | bensa         | ation fror   | n      |
| the organization. Report compensation for              | he calendar y    | ear                            | endir                 | ng v    | vith         | or w                            | ithi   | n the organization's tax y | /ear.                         |               |              |        |
| (A)                                                    |                  |                                |                       |         |              |                                 |        | (B)                        |                               |               | (C)          |        |
| Name and business                                      |                  |                                |                       |         |              |                                 |        | Description of s           | ervices                       | Co            | ompensa      | ation  |
| SALESFORCE.ORG, DEPT #342                              | 293 PO E         | 302                            | к 3                   | 39(     | 000          | 0,                              |        |                            |                               |               |              |        |
| SAN FRANCISCO, CA 94139                                |                  |                                |                       |         |              |                                 |        | CRM SOFTWARE               |                               |               | 125,         | 499.   |
| METASOFTTECH SOLUTIONS, 2                              |                  |                                |                       | DLE     | ΞR           |                                 |        |                            |                               |               |              |        |
| BLVD SUITE #100, CHANDLE                               |                  |                                |                       |         |              |                                 |        | IT SERVICES                |                               |               | 125,         | 312.   |
| INSPIRE ASSOCIATES INC.,                               |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
| LESLIE STREET, TORONTO, C                              |                  |                                |                       |         |              |                                 |        | IT SERVICES                |                               |               | 117,         | 360.   |
| DUTCH TAX OFFICE, BELAST                               |                  |                                |                       |         | ANI          | Ε                               |        |                            |                               |               |              |        |
| POSTBUS 3070, HEERLEN, NE                              | THERLAN          | 1D                             | 56                    | 54      |              |                                 |        | INTERNATIONA               | L TAXES                       |               | 116,         | 281.   |
| WELLS FARGO                                            |                  |                                |                       |         |              |                                 |        |                            |                               |               |              |        |
| 420 MONTGOMERY, SAN FRANC                              | CISCO, C         | CA                             | 94                    | 110     | )4           |                                 |        | BANKING SERV               | ICES                          |               | 109,         | 324.   |
| 2 Total number of independent contractors (in          | -                | ot li                          | mited                 | d to    |              | -                               | stee   | d above) who received m    | ore than                      |               |              |        |
| \$100,000 of compensation from the organiz             | zation 🕨         |                                |                       |         | 6            | 6                               |        |                            |                               |               |              |        |

\$100,000 of compensation from the organization

Form **990** (2017)

732008 11-28-17

| Form 990 (2017)     | MAKE-A-WISH | FOUNDATION | INTERNATIONAL |
|---------------------|-------------|------------|---------------|
| Part VIII Statement | of Revenue  |            |               |

|                                                           |         | Check if Schedule O conta                                     | ains a response | or note to any line | e in this Part VIII         |                                                        |                                                |                                                                    |
|-----------------------------------------------------------|---------|---------------------------------------------------------------|-----------------|---------------------|-----------------------------|--------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
|                                                           |         |                                                               | ·               | ,                   | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts                                                       | 1 a     | Federated campaigns                                           | 1a              |                     |                             |                                                        |                                                |                                                                    |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |         | Membership dues                                               |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Fundraising events                                            |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Related organizations                                         |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | е       | Government grants (contributi                                 | ions) <b>1e</b> |                     |                             |                                                        |                                                |                                                                    |
|                                                           | f       | All other contributions, gifts, grant                         | ts, and         |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | similar amounts not included abov                             | ve 1f           | 6,059,401.          |                             |                                                        |                                                |                                                                    |
| nd<br>D                                                   | g       | Noncash contributions included in lines                       | 1a-1f: \$       | 2,217,829.          |                             |                                                        |                                                |                                                                    |
| <u>a Č</u>                                                | h       | Total. Add lines 1a-1f                                        |                 | 🕨                   | 6,059,401.                  |                                                        |                                                |                                                                    |
|                                                           | _       |                                                               |                 | Business Code       | 1 520 505                   | 1 530 505                                              |                                                |                                                                    |
| /ice                                                      |         | AFFILIATE ASSESSMENTS                                         | <u>.</u>        | 561000              | 1,538,787.                  |                                                        |                                                |                                                                    |
| Ser                                                       | b       |                                                               |                 | 561000              | 34,800.                     | 34,800.                                                |                                                |                                                                    |
| Program Service<br>Revenue                                | C       |                                                               |                 |                     |                             |                                                        |                                                |                                                                    |
| gra<br>Re                                                 | d       |                                                               |                 |                     |                             |                                                        |                                                | +                                                                  |
| Pro                                                       | e<br>f  | All other program service reve                                |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Total. Add lines 2a-2f                                        |                 |                     | 1,573,587.                  |                                                        |                                                |                                                                    |
| -                                                         | 3       | Investment income (including                                  |                 |                     | 1,010,001.                  |                                                        |                                                |                                                                    |
|                                                           | Ŭ       | other similar amounts)                                        |                 |                     | 4,418.                      |                                                        |                                                | 4,418.                                                             |
|                                                           | 4       | Income from investment of tax                                 |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | 5       | Royalties                                                     |                 | F                   |                             |                                                        |                                                |                                                                    |
|                                                           | -       |                                                               | (i) Real        | (ii) Personal       |                             |                                                        |                                                |                                                                    |
|                                                           | 6 a     | Gross rents                                                   |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | b       | Less: rental expenses                                         |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Rental income or (loss)                                       |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | d       | Net rental income or (loss)                                   |                 | ►                   |                             |                                                        |                                                |                                                                    |
|                                                           |         | Gross amount from sales of                                    | (i) Securities  | (ii) Other          |                             |                                                        |                                                |                                                                    |
|                                                           |         | assets other than inventory                                   | 56,475.         |                     |                             |                                                        |                                                |                                                                    |
|                                                           | b       | Less: cost or other basis                                     |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | and sales expenses                                            | 45,173.         |                     |                             |                                                        |                                                |                                                                    |
|                                                           | с       | Gain or (loss)                                                | 11,302.         |                     |                             |                                                        |                                                |                                                                    |
|                                                           | d       | Net gain or (loss)                                            |                 | 🕨                   | 11,302.                     |                                                        |                                                | 11,302.                                                            |
| an                                                        | 8 a     | Gross income from fundraising                                 | g events (not   |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | including \$                                                  | of              |                     |                             |                                                        |                                                |                                                                    |
| Re                                                        |         | contributions reported on line                                | ,               |                     |                             |                                                        |                                                |                                                                    |
| Other Reven                                               |         | Part IV, line 18                                              |                 |                     |                             |                                                        |                                                |                                                                    |
| €                                                         |         | Less: direct expenses                                         |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Net income or (loss) from fund<br>Gross income from gaming ac |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | 9 d     | Part IV, line 19                                              |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | h       | Less: direct expenses                                         |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Net income or (loss) from gam                                 |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Gross sales of inventory, less                                |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | and allowances                                                |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | b       | Less: cost of goods sold                                      |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Net income or (loss) from sales                               |                 |                     |                             |                                                        |                                                |                                                                    |
| 1                                                         |         | Miscellaneous Revenu                                          |                 | Business Code       |                             |                                                        |                                                |                                                                    |
|                                                           | 11 a    |                                                               |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | b       |                                                               |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | с       |                                                               |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | All other revenue                                             |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           |         | Total. Add lines 11a-11d                                      |                 |                     |                             |                                                        |                                                |                                                                    |
|                                                           | 12      | Total revenue. See instructions.                              |                 | 🕨                   | 7,648,708.                  | 1,573,587.                                             | 0                                              | Eorm <b>990</b> (2017)                                             |
| 13000                                                     | 0 11-20 | 4 7 4                                                         |                 |                     |                             |                                                        |                                                |                                                                    |

732009 11-28-17

Form **990** (2017)

Part IX Statement of Functional Expenses

MAKE-A-WISH FOUNDATION INTERNATIONAL

|    | Check if Schedule O contains a respons                                                                                                                                                                      | / /                          |                                           |                                                  |                                       |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                                                                                  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                        | 130,567.                     | 130,567.                                  |                                                  |                                       |
| 2  | Grants and other assistance to domestic                                                                                                                                                                     |                              |                                           |                                                  |                                       |
| ~  | individuals. See Part IV, line 22                                                                                                                                                                           |                              |                                           |                                                  |                                       |
| 3  | Grants and other assistance to foreign                                                                                                                                                                      |                              |                                           |                                                  |                                       |
|    | organizations, foreign governments, and foreign                                                                                                                                                             | 3 912 232                    | 3,842,232.                                |                                                  |                                       |
|    | individuals. See Part IV, lines 15 and 16                                                                                                                                                                   | 3,842,232.                   | 3,042,232.                                |                                                  |                                       |
| 4  | Benefits paid to or for members                                                                                                                                                                             |                              |                                           |                                                  |                                       |
| 5  | Compensation of current officers, directors,                                                                                                                                                                | 061 146                      | 610 150                                   | 210 012                                          | 02 075                                |
| _  | trustees, and key employees                                                                                                                                                                                 | 961,146.                     | 648,458.                                  | 218,813.                                         | 93,875                                |
| 6  | Compensation not included above, to disqualified                                                                                                                                                            |                              |                                           |                                                  |                                       |
|    | persons (as defined under section 4958(f)(1)) and                                                                                                                                                           |                              |                                           |                                                  |                                       |
|    | persons described in section 4958(c)(3)(B)                                                                                                                                                                  |                              |                                           |                                                  | 01 000                                |
| 7  | Other salaries and wages                                                                                                                                                                                    | 467,981.                     | 220,087.                                  | 165,917.                                         | 81,977                                |
| 8  | Pension plan accruals and contributions (include                                                                                                                                                            |                              |                                           |                                                  |                                       |
|    | section 401(k) and 403(b) employer contributions)                                                                                                                                                           | 13,555.                      | 6,787.                                    | 4,203.                                           | 2,565<br>11,018                       |
| 9  | Other employee benefits                                                                                                                                                                                     | 64,974.                      | 32,023.                                   | 21,933.                                          |                                       |
| 10 | Payroll taxes                                                                                                                                                                                               | 97,517.                      | 58,424.                                   | 26,656.                                          | 12,437                                |
| 11 | Fees for services (non-employees):                                                                                                                                                                          |                              |                                           |                                                  |                                       |
| а  | Management                                                                                                                                                                                                  |                              |                                           |                                                  |                                       |
|    | Legal                                                                                                                                                                                                       | 40,000.                      | 40,000.                                   |                                                  |                                       |
|    | Accounting                                                                                                                                                                                                  | 28,048.                      | 8,414.                                    | 19,634.                                          |                                       |
|    | Lobbying                                                                                                                                                                                                    |                              |                                           |                                                  |                                       |
| е  | Professional fundraising services. See Part IV, line 17                                                                                                                                                     |                              |                                           |                                                  |                                       |
| f  | Investment management fees                                                                                                                                                                                  | 5,207.                       |                                           | 5,207.                                           |                                       |
| g  | Other. (If line 11g amount exceeds 10% of line 25,                                                                                                                                                          |                              |                                           |                                                  |                                       |
|    | column (A) amount, list line 11g expenses on Sch 0.)                                                                                                                                                        | 918,647.                     | 673,416.                                  | 66,725.                                          | 178,506                               |
| 12 | Advertising and promotion                                                                                                                                                                                   |                              |                                           |                                                  |                                       |
| 13 | Office expenses                                                                                                                                                                                             | 41,901.                      | 26,736.                                   | 4,772.                                           | 10,393                                |
| 14 | Information technology                                                                                                                                                                                      |                              |                                           |                                                  |                                       |
| 15 | Royalties                                                                                                                                                                                                   |                              |                                           |                                                  |                                       |
| 16 | Occupancy                                                                                                                                                                                                   | 98,347.                      | 58,025.                                   | 25,570.                                          | 14,752                                |
| 17 | Travel                                                                                                                                                                                                      | 203,786.                     | 91,233.                                   | 16,429.                                          | 96,124                                |
| 18 | Payments of travel or entertainment expenses                                                                                                                                                                | ,                            | ,                                         |                                                  |                                       |
|    | for any federal, state, or local public officials                                                                                                                                                           |                              |                                           |                                                  |                                       |
| 19 | Conferences, conventions, and meetings                                                                                                                                                                      |                              |                                           |                                                  |                                       |
| 20 |                                                                                                                                                                                                             |                              |                                           |                                                  |                                       |
| 21 | Payments to affiliates                                                                                                                                                                                      |                              |                                           |                                                  |                                       |
| 22 | Depreciation, depletion, and amortization                                                                                                                                                                   | 319,719.                     | 313,819.                                  | 3,741.                                           | 2,159                                 |
| 23 |                                                                                                                                                                                                             | 18,568.                      | 10,955.                                   | 4,828.                                           | 2,785                                 |
| 24 | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                              |                                           |                                                  |                                       |
| а  | TRAINING                                                                                                                                                                                                    | 248,493.                     | 241,396.                                  | 319.                                             | 6,778                                 |
| b  | DUES & SUBSCRIPTIONS                                                                                                                                                                                        | 83,503.                      | 63,191.                                   | 3,318.                                           | 16,994                                |
| c  | MISCELLANEOUS EXPENSE                                                                                                                                                                                       | 37,226.                      | 21,962.                                   | 9,680.                                           | 5,584                                 |
| d  |                                                                                                                                                                                                             | , ,                          | ,                                         |                                                  | - 1 - 3 -                             |
|    | All other expenses                                                                                                                                                                                          |                              |                                           |                                                  |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e                                                                                                                                                          | 7,621,417.                   | 6,487,725.                                | 597,745.                                         | 535,947                               |
| 25 | Joint costs. Complete this line only if the organization                                                                                                                                                    | .,,,                         |                                           |                                                  |                                       |
| -0 | reported in column (B) joint costs from a combined                                                                                                                                                          |                              |                                           |                                                  |                                       |
|    | educational campaign and fundraising solicitation.                                                                                                                                                          |                              |                                           |                                                  |                                       |
|    |                                                                                                                                                                                                             |                              |                                           |                                                  |                                       |

Check here 732010 11-28-17

Form **990** (2017)

 $14540715 \ 099347 \ 038-00042400$ 

\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

10

| MAKE-A-WISH | FOUNDATION | INTERNATIONAL |
|-------------|------------|---------------|

86-0726985 Page 11

| I di                        | נא  | Balance Sheet                                                                       |                                 |     |                           |
|-----------------------------|-----|-------------------------------------------------------------------------------------|---------------------------------|-----|---------------------------|
|                             |     | Check if Schedule O contains a response or note to any line in this Part X $\ldots$ | Î.                              |     |                           |
|                             |     |                                                                                     | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                                                         | 757,094.                        | 1   | 1,822,744.                |
|                             | 2   | Savings and temporary cash investments                                              | 11,579.                         | 2   | 12,939.                   |
|                             | 3   | Pledges and grants receivable, net                                                  |                                 | 3   | 513,983.                  |
|                             | 4   | Accounts receivable, net                                                            |                                 |     | 1,815.                    |
|                             | 5   | Loans and other receivables from current and former officers, directors,            |                                 |     |                           |
|                             |     | trustees, key employees, and highest compensated employees. Complete                |                                 |     |                           |
|                             |     | Part II of Schedule L                                                               |                                 | 5   |                           |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined unde        |                                 |     |                           |
|                             |     | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir    |                                 |     |                           |
|                             |     | employers and sponsoring organizations of section 501(c)(9) voluntary               |                                 |     |                           |
| S                           |     | employees' beneficiary organizations (see instr). Complete Part II of Sch L         |                                 | 6   |                           |
| Assets                      | 7   | Notes and loans receivable, net                                                     |                                 | 7   |                           |
| As                          | 8   | Inventories for sale or use                                                         |                                 | 8   |                           |
|                             | 9   | Prepaid expenses and deferred charges                                               |                                 | 9   | 59,935.                   |
|                             | 10a | Land, buildings, and equipment: cost or other                                       |                                 |     |                           |
|                             |     | basis. Complete Part VI of Schedule D 10a 1,641,653                                 | 3.                              |     |                           |
|                             | b   | Less: accumulated depreciation 10b 734, 584                                         | 1,139,620.                      | 10c | 907,069.                  |
|                             | 11  | Investments - publicly traded securities                                            | 506,785.                        | 11  | 550,908.                  |
|                             | 12  | Investments - other securities. See Part IV, line 11                                |                                 | 12  |                           |
|                             | 13  | Investments - program-related. See Part IV, line 11                                 |                                 | 13  |                           |
|                             | 14  | Intangible assets                                                                   |                                 | 14  |                           |
|                             | 15  | Other assets. See Part IV, line 11                                                  |                                 | 15  | 361,414.                  |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                           | 4,338,759.                      | 16  | 4,230,807.                |
|                             | 17  | Accounts payable and accrued expenses                                               | 100                             | 17  | 165,136.                  |
|                             | 18  | Grants payable                                                                      |                                 | 18  |                           |
|                             | 19  | Deferred revenue                                                                    |                                 | 19  | 15,200.                   |
|                             | 20  | Tax-exempt bond liabilities                                                         |                                 | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D               |                                 | 21  |                           |
| ŝ                           | 22  | Loans and other payables to current and former officers, directors, trustees,       |                                 |     |                           |
| litie                       |     | key employees, highest compensated employees, and disqualified persons.             |                                 |     |                           |
| Liabilities                 |     | Complete Part II of Schedule L                                                      |                                 | 22  |                           |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties                      |                                 | 23  |                           |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                        |                                 | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, payables to related third          |                                 |     |                           |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X of     |                                 |     |                           |
|                             |     | Schedule D                                                                          | 1,291,938.                      | 25  | 1,145,189.                |
|                             | 26  | Total liabilities. Add lines 17 through 25                                          | 1,489,321.                      | 26  | 1,325,525.                |
|                             |     | Organizations that follow SFAS 117 (ASC 958), check here ► X and                    |                                 |     |                           |
| ses                         |     | complete lines 27 through 29, and lines 33 and 34.                                  | 1 (10 00)                       |     | 0.001.000                 |
| anc                         | 27  | Unrestricted net assets                                                             | 1,612,396.                      | 27  | 2,391,299.<br>513,983.    |
| Bal                         | 28  | Temporarily restricted net assets                                                   | 1,237,042.                      | 28  | 513,983.                  |
| pu                          | 29  | Permanently restricted net assets                                                   |                                 | 29  |                           |
| Fu                          |     | Organizations that do not follow SFAS 117 (ASC 958), check here                     |                                 |     |                           |
| or                          |     | and complete lines 30 through 34.                                                   |                                 |     |                           |
| sets                        | 30  | Capital stock or trust principal, or current funds                                  |                                 | 30  |                           |
| Ass                         | 31  | Paid-in or capital surplus, or land, building, or equipment fund                    |                                 | 31  |                           |
| Net Assets or Fund Balances | 32  | Retained earnings, endowment, accumulated income, or other funds                    |                                 | 32  |                           |
| 2                           | 33  | Total net assets or fund balances                                                   |                                 | 33  | 2,905,282.                |
|                             | 34  | Total liabilities and net assets/fund balances                                      | 4,338,759.                      | 34  | 4,230,807.                |

Form 990 (2017)

14540715 099347 038-00042400 2017.06000 MAKE-A-WISH FOUNDATION INTE 038-0P01

| Form | 1990 (2017) MAKE-A-WISH FOUNDATION INTERNATIONAL                                                                   | 86-0     | 0726985 | Pa  | ge <b>12</b> |
|------|--------------------------------------------------------------------------------------------------------------------|----------|---------|-----|--------------|
| Pa   | rt XI Reconciliation of Net Assets                                                                                 |          |         |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                        |          |         |     |              |
|      |                                                                                                                    |          |         |     |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)                                                          | 1        | 7,648   |     |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)                                                           | 2        | 7,623   | 1,4 | 17.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1                                                                 | 3        |         |     | 91.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4        | 2,849   |     |              |
| 5    | Net unrealized gains (losses) on investments                                                                       | 5        | 28      | 3,5 | 53.          |
| 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 in Schedule O)                                               | 9        |         |     | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 |          |         |     |              |
|      | column (B))                                                                                                        | 10       | 2,90    | 5,2 | 82.          |
| Pa   | rt XII Financial Statements and Reporting                                                                          |          |         |     |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |         |     |              |
|      |                                                                                                                    |          |         | Yes | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                               |          | _       |     |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     |          |         |     |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          | 2a      |     | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a   |         |     |              |
|      | separate basis, consolidated basis, or both:                                                                       |          |         |     |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                             |          |         |     |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b      | Х   |              |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    | e basis, |         |     |              |
|      | consolidated basis, or both:                                                                                       |          |         |     |              |
|      | 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 |          |         |     |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          | 2c      | Х   | <u> </u>     |
| _    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  |          |         |     |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Aud |         |     | v            |
|      | Act and OMB Circular A-133?                                                                                        |          | 3a      |     | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |          |         |     | 1            |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |          |         | 000 |              |

Form **990** (2017)

732012 11-28-17

Department of the Treasury

(Form 990 or 990-EZ)

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

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

| OMB No. 1545-0047            |
|------------------------------|
| 2017                         |
| Open to Public<br>Inspection |

| Internal Revenue Service |        |                                                                                                                                            |                       | Go to www.irs.gov      | //Form990 for instructi                                          | ons and tl                          | ne latest i  | nformation.     |                | Inspection                                         |
|--------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|------------------------------------------------------------------|-------------------------------------|--------------|-----------------|----------------|----------------------------------------------------|
| Nam                      | e of t | the organizati                                                                                                                             |                       |                        |                                                                  |                                     |              |                 |                | identification number                              |
| D                        |        | Deserve                                                                                                                                    |                       |                        | UNDATION INT                                                     |                                     |              |                 |                | 6-0726985                                          |
| Pa                       |        |                                                                                                                                            |                       |                        | All organizations must co                                        | -                                   |              |                 | S.             |                                                    |
|                          | organ  |                                                                                                                                            | •                     |                        | For lines 1 through 12, o                                        |                                     | ,            |                 |                |                                                    |
| 1                        |        |                                                                                                                                            |                       |                        | on of churches describe                                          |                                     |              | 1)(A)(i).       |                |                                                    |
| 2                        |        | A school des                                                                                                                               | cribed in <b>sect</b> | ion 170(b)(1)(A)(ii).  | Attach Schedule E (Forn                                          | n 990 or 99                         | 90-EZ).)     |                 |                |                                                    |
| 3                        |        | A hospital or                                                                                                                              | a cooperative         | hospital service orga  | anization described in <b>s</b> e                                | ection 170                          | )(b)(1)(A)(i | ii).            |                |                                                    |
| 4                        |        | 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 stat                                                                                                                             | -                     |                        |                                                                  |                                     |              |                 |                |                                                    |
| 5                        |        | 0                                                                                                                                          | •                     |                        | llege or university owne                                         | d or opera                          | ted by a g   | overnmental     | unit descrik   | ped in                                             |
|                          |        |                                                                                                                                            |                       | Complete Part II.)     |                                                                  |                                     |              |                 |                |                                                    |
| 6                        | 37     |                                                                                                                                            |                       |                        | nental unit described in                                         |                                     |              |                 |                |                                                    |
| 7                        | Χ      |                                                                                                                                            |                       |                        | intial part of its support                                       | from a gov                          | ernmental    | unit or from    | the general    | public described in                                |
| _                        |        |                                                                                                                                            |                       | omplete Part II.)      |                                                                  |                                     |              |                 |                |                                                    |
| 8                        |        |                                                                                                                                            |                       |                        | (1)(A)(vi). (Complete Par                                        |                                     |              |                 |                |                                                    |
| 9                        |        | -                                                                                                                                          |                       | -                      | in section 170(b)(1)(A)(                                         |                                     | -            |                 | -              | -                                                  |
|                          |        |                                                                                                                                            | or a non-land-g       | grant college of agric | ulture (see instructions)                                        | . Enter the                         | name, city   | y, and state o  | of the colleg  | je or                                              |
|                          |        | university:                                                                                                                                |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
| 10                       |        |                                                                                                                                            |                       |                        | e than 33 1/3% of its sup                                        |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       | -                      | ct to certain exceptions,                                        |                                     |              |                 |                | -                                                  |
|                          |        |                                                                                                                                            |                       |                        | (less section 511 tax) fr                                        | om busine                           | sses acqu    | lired by the o  | rganization    | after June 30, 1975.                               |
|                          |        |                                                                                                                                            |                       | mplete Part III.)      | i velu te test feu sublis s                                      | fatu Caa                            |              | O(-)(A)         |                |                                                    |
| 11                       |        | -                                                                                                                                          | -                     | -                      | ively to test for public sa                                      | •                                   |              |                 | orry out the   | purpass of and ar                                  |
| 12                       |        | -                                                                                                                                          | -                     |                        | ively for the benefit of, to<br>ed in <b>section 509(a)(1)</b> o | -                                   |              |                 | -              |                                                    |
|                          |        |                                                                                                                                            |                       |                        | of supporting organization                                       |                                     |              |                 |                |                                                    |
| а                        |        | 7                                                                                                                                          | -                     |                        | upervised, or controlled                                         |                                     | -            |                 | -              | ( diving                                           |
| a                        | L      |                                                                                                                                            |                       | -                      | gularly appoint or elect                                         |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            | -                     | complete Part IV, Se   |                                                                  | amajonty                            |              |                 |                | supporting                                         |
| b                        |        | ٦ <sup>-</sup>                                                                                                                             |                       | -                      | or controlled in connect                                         | tion with it                        | s support    | ed organizatio  | on(s) by ha    | avina                                              |
|                          |        |                                                                                                                                            |                       | -                      | anization vested in the s                                        |                                     |              | ÷               |                | •                                                  |
|                          |        |                                                                                                                                            | -                     | t complete Part IV,    |                                                                  |                                     |              |                 |                |                                                    |
| с                        |        | ٦ Ŭ                                                                                                                                        | . ,                   | •                      | g organization operated                                          | in connec                           | tion with.   | and functiona   | allv integrat  | ed with.                                           |
|                          |        |                                                                                                                                            | -                     |                        | s). You must complete                                            |                                     |              |                 |                | ,                                                  |
| d                        |        | ¬ ··                                                                                                                                       | 0                     | .,                     | oorting organization oper                                        |                                     |              | -               | orted organi   | ization(s)                                         |
|                          |        |                                                                                                                                            | -                     |                        | zation generally must sa                                         |                                     |              |                 | -              |                                                    |
|                          |        |                                                                                                                                            | •                     |                        | nplete Part IV, Section                                          | •                                   |              |                 |                |                                                    |
| е                        |        | Check this                                                                                                                                 | box if the orga       | anization received a   | written determination fro                                        | om the IRS                          | that it is a | а Туре I, Туре  | e II, Type III |                                                    |
|                          |        | functionally                                                                                                                               | / integrated, or      | r Type III non-functio | nally integrated support                                         | ing organi:                         | zation.      |                 |                |                                                    |
| f                        | Ente   | er the number                                                                                                                              | of supported of       | organizations          |                                                                  |                                     |              |                 |                |                                                    |
| g                        |        |                                                                                                                                            |                       | n about the supporte   |                                                                  | () I. A.                            |              |                 |                |                                                    |
|                          | (      | <ul> <li>i) Name of supp<br/>organizatior</li> </ul>                                                                                       |                       | (ii) EIN               | (iii) Type of organization (described on lines 1-10              | (iv) Is the orga<br>in your governi | ng document? | (v) Amount o    | ,              | (vi) Amount of other<br>support (see instructions) |
|                          |        | organization                                                                                                                               | I                     |                        | above (see instructions))                                        | Yes                                 | No           | support (see ii | instructions)  | support (see instructions)                         |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
|                          |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
| Tota                     |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              |                 |                |                                                    |
| TOLd                     |        |                                                                                                                                            |                       |                        |                                                                  |                                     |              | L               |                | 1                                                  |

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### Schedule A (Form 990 or 990 EZ) 2017 MAKE - A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                          | le tests listed below, plea | •                   |                      |                          |                                         |                                         |
|----------------------------------------------------|-----------------------------|---------------------|----------------------|--------------------------|-----------------------------------------|-----------------------------------------|
| Calendar year (or fiscal year beginning            | <b>(a)</b> 2013             | <b>(b)</b> 2014     | (c) 2015             | (d) 2016                 | (e) 2017                                | (f) Total                               |
| <b>1</b> Gifts, grants, contributions, an          |                             | (0) = 0 + 1         | (0) =0.10            | (4) = 0 + 0              | (0) = 0                                 | (1) 1 0 10.                             |
| membership fees received. (Do                      |                             |                     |                      |                          |                                         |                                         |
| include any "unusual grants.")                     |                             | 8,490,077.          | 5,890,127.           | 6,136,774.               | 6,059,401.                              | 31,615,549                              |
| 2 Tax revenues levied for the org                  |                             | , <u> </u>          |                      |                          | , , , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , , |
| ization's benefit and either paid                  |                             |                     |                      |                          |                                         |                                         |
| or expended on its behalf                          |                             |                     |                      |                          |                                         |                                         |
| 3 The value of services or facilitie               |                             |                     |                      |                          |                                         |                                         |
| furnished by a governmental u                      |                             |                     |                      |                          |                                         |                                         |
| the organization without charg                     |                             |                     |                      |                          |                                         |                                         |
|                                                    |                             | 8,490,077.          | 5,890,127.           | 6,136,774.               | 6,059,401.                              | 31,615,549                              |
| <b>4 Total.</b> Add lines 1 through 3              |                             | 8,490,077.          | 5,890,127.           | 0,130,774.               | 0,059,401.                              | 51,015,549                              |
| 5 The portion of total contributio                 | ns                          |                     |                      |                          |                                         |                                         |
| by each person (other than a                       |                             |                     |                      |                          |                                         |                                         |
| governmental unit or publicly                      |                             |                     |                      |                          |                                         |                                         |
| supported organization) includ                     |                             |                     |                      |                          |                                         |                                         |
| on line 1 that exceeds 2% of the                   | he                          |                     |                      |                          |                                         |                                         |
| amount shown on line 11,                           |                             |                     |                      |                          |                                         |                                         |
| column (f)                                         |                             |                     |                      |                          |                                         | 7,740,679                               |
| 6 Public support. Subtract line 5 from             | m line 4.                   |                     |                      |                          |                                         | 23,874,870                              |
| Section B. Total Support                           |                             |                     |                      |                          |                                         |                                         |
| Calendar year (or fiscal year beginning            |                             | <b>(b)</b> 2014     | (c) 2015             | (d) 2016                 | <b>(e)</b> 2017                         | (f) Total                               |
| 7 Amounts from line 4                              | 5,039,170.                  | 8,490,077.          | 5,890,127.           | 6,136,774.               | 6,059,401.                              | 31,615,549                              |
| 8 Gross income from interest,                      |                             |                     |                      |                          |                                         |                                         |
| dividends, payments received                       | on                          |                     |                      |                          |                                         |                                         |
| securities loans, rents, royaltie                  | S,                          |                     |                      |                          |                                         |                                         |
| and income from similar source                     | es 51,268.                  | 67,459.             | 14,598.              | 12,876.                  | 4,418.                                  | 150,619.                                |
| 9 Net income from unrelated bus                    | siness                      |                     |                      |                          |                                         |                                         |
| activities, whether or not the                     |                             |                     |                      |                          |                                         |                                         |
| business is regularly carried or                   | n                           |                     |                      |                          |                                         |                                         |
| 10 Other income. Do not include                    |                             |                     |                      |                          |                                         |                                         |
| or loss from the sale of capital                   |                             |                     |                      |                          |                                         |                                         |
| assets (Explain in Part VI.)                       |                             |                     |                      |                          |                                         |                                         |
| 11 Total support. Add lines 7 throu                |                             |                     |                      |                          |                                         | 31,766,168                              |
| 12 Gross receipts from related ac                  |                             | (ne)                |                      |                          | 12 6                                    | ,648,241.                               |
| 13 First five years. If the Form 99                | , (                         | ,                   | l fourth or fifth ta | [<br>v vear as a section | 1                                       | / • 1 • / 2 1 = •                       |
| organization, check this box ar                    | -                           |                     |                      |                          | 1001(0)(0)                              |                                         |
| Section C. Computation of                          |                             | centage             |                      |                          |                                         | ·····                                   |
| 14 Public support percentage for                   |                             |                     | olumn (f))           |                          | 14                                      | 75.16 %                                 |
| <ul><li>15 Public support percentage for</li></ul> |                             |                     |                      |                          |                                         | 76.73 %                                 |
| 16a 33 1/3% support test - 2017.                   |                             |                     |                      |                          |                                         |                                         |
|                                                    |                             |                     |                      |                          |                                         |                                         |
| stop here. The organization qu                     |                             |                     |                      |                          |                                         |                                         |
| b 33 1/3% support test - 2016.                     |                             |                     |                      |                          |                                         |                                         |
| and <b>stop here.</b> The organizatio              |                             |                     |                      |                          |                                         |                                         |
| 17a 10% -facts-and-circumstanc                     |                             |                     |                      |                          |                                         |                                         |
| and if the organization meets t                    |                             |                     |                      |                          |                                         |                                         |
| meets the "facts-and-circumsta                     |                             |                     |                      |                          |                                         |                                         |
| b 10% -facts-and-circumstanc                       |                             |                     |                      |                          |                                         |                                         |
| more, and if the organization m                    |                             |                     |                      |                          |                                         |                                         |
| organization meets the "facts-a                    | and-circumstances" test.    | The organization q  | ualifies as a public | ly supported orga        | nization                                | ▶∟_                                     |
| 18 Private foundation. If the orga                 | anization did not check a b | oox on line 13, 16a | , 16b, 17a, or 17b   | , check this box a       | nd see instruction                      | s 🕨 🗌                                   |
|                                                    |                             |                     |                      | Sche                     | dule A (Form 990                        | or 990-EZ) 2017                         |

732022 10-06-17

### Schedule A (Form 990 or 990-EZ) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Sec  | ction A. Public Support                                                                                                                                                                |                      |                      |                      |                       |                  |                     |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|-----------------------|------------------|---------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                                                                                                                                              | (a) 2013             | <b>(b)</b> 2014      | (c) 2015             | (d) 2016              | (e) 2017         | (f) Total           |
| 1    | Gifts, grants, contributions, and                                                                                                                                                      |                      |                      |                      |                       |                  |                     |
|      | membership fees received. (Do not                                                                                                                                                      |                      |                      |                      |                       |                  |                     |
|      | include any "unusual grants.")                                                                                                                                                         |                      |                      |                      |                       |                  |                     |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                      |                      |                       |                  |                     |
| 3    | Gross receipts from activities that                                                                                                                                                    |                      |                      |                      |                       |                  |                     |
|      | are not an unrelated trade or bus-                                                                                                                                                     |                      |                      |                      |                       |                  |                     |
|      | iness under section 513                                                                                                                                                                |                      |                      |                      |                       |                  |                     |
| 4    | Tax revenues levied for the organ-                                                                                                                                                     |                      |                      |                      |                       |                  |                     |
|      | ization's benefit and either paid to                                                                                                                                                   |                      |                      |                      |                       |                  |                     |
|      | or expended on its behalf                                                                                                                                                              |                      |                      |                      |                       |                  |                     |
| 5    | The value of services or facilities                                                                                                                                                    |                      |                      |                      |                       |                  |                     |
|      | furnished by a governmental unit to                                                                                                                                                    |                      |                      |                      |                       |                  |                     |
|      | the organization without charge $\dots$                                                                                                                                                |                      |                      |                      |                       |                  |                     |
| 6    | Total. Add lines 1 through 5                                                                                                                                                           |                      |                      |                      |                       |                  |                     |
| 7a   | Amounts included on lines 1, 2, and                                                                                                                                                    |                      |                      |                      |                       |                  |                     |
|      | 3 received from disqualified persons                                                                                                                                                   |                      |                      |                      |                       |                  |                     |
| k    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                      |                      |                       |                  |                     |
| c    | Add lines 7a and 7b                                                                                                                                                                    |                      |                      |                      |                       |                  |                     |
|      | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                      |                      |                      |                       |                  |                     |
|      | ction B. Total Support                                                                                                                                                                 |                      |                      |                      |                       |                  |                     |
| Cale | ndar year (or fiscal year beginning in) 🕨                                                                                                                                              | (a) 2013             | <b>(b)</b> 2014      | (c) 2015             | (d) 2016              | (e) 2017         | (f) Total           |
| 9    | Amounts from line 6                                                                                                                                                                    |                      |                      |                      |                       |                  |                     |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                               |                      |                      |                      |                       |                  |                     |
| b    | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975                                                                          |                      |                      |                      |                       |                  |                     |
| c    | Add lines 10a and 10b                                                                                                                                                                  |                      |                      |                      |                       |                  |                     |
|      | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                      |                      |                      |                       |                  |                     |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)                                                                                  |                      |                      |                      |                       |                  |                     |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                         |                      |                      |                      |                       |                  |                     |
| 14   | First five years. If the Form 990 is fo                                                                                                                                                | r the organization'  | s first, second, thi | rd, fourth, or fifth | tax year as a section | on 501(c)(3) or  | anization,          |
|      | check this box and <b>stop here</b>                                                                                                                                                    |                      |                      |                      | -                     |                  |                     |
| Sec  | ction C. Computation of Publ                                                                                                                                                           | ic Support Pe        | rcentage             |                      |                       |                  |                     |
| 15   | Public support percentage for 2017 (                                                                                                                                                   | line 8, column (f) d | ivided by line 13,   | column (f))          |                       | 15               | %                   |
| 16   | Public support percentage from 2016                                                                                                                                                    | Schedule A, Part     | III, line 15         |                      |                       | 16               | %                   |
| Se   | ction D. Computation of Inve                                                                                                                                                           | stment Incom         | e Percentage         | •                    |                       |                  |                     |
| 17   | Investment income percentage for 20                                                                                                                                                    | )17 (line 10c, colur | nn (f) divided by li | ne 13, column (f))   |                       | 17               | %                   |
|      | Investment income percentage from                                                                                                                                                      |                      | `                    |                      |                       | 18               | %                   |
|      | <b>33 1/3% support tests - 2017.</b> If the                                                                                                                                            |                      |                      |                      |                       | 33 1/3% , and li | ne 17 is not        |
|      | more than 33 1/3%, check this box a                                                                                                                                                    | -                    |                      |                      |                       |                  |                     |
| b    | 33 1/3% support tests - 2016. If the                                                                                                                                                   |                      |                      |                      |                       |                  | %, and              |
|      | line 18 is not more than 33 1/3%, che                                                                                                                                                  | •                    |                      |                      |                       |                  |                     |
| 20   | Private foundation. If the organization                                                                                                                                                |                      |                      |                      |                       |                  |                     |
|      | 23 10-06-17                                                                                                                                                                            |                      | · · · · ·            |                      |                       |                  | 990 or 990-EZ) 2017 |
|      |                                                                                                                                                                                        |                      |                      | 15                   |                       | -                | -                   |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *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 (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990-EZ) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL Part IV Supporting Organizations (continued)

|       |                                                                                                                                |          | i     |          |
|-------|--------------------------------------------------------------------------------------------------------------------------------|----------|-------|----------|
|       |                                                                                                                                |          | Yes   | No       |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?                                        |          |       |          |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                   |          |       |          |
|       | below, the governing body of a supported organization?                                                                         | 11a      |       |          |
| b     | A family member of a person described in (a) above?                                                                            | 11b      |       |          |
| с     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.          | 11c      |       |          |
| -     | tion B. Type I Supporting Organizations                                                                                        |          |       |          |
|       |                                                                                                                                |          | Yes   | No       |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to                            |          |       |          |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the             |          |       |          |
|       | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or           |          |       |          |
|       | controlled the organization's activities. If the organization had more than one supported organization,                        |          |       |          |
|       | describe how the powers to appoint and/or remove 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                            |          |       |          |
| 2     |                                                                                                                                |          |       |          |
|       | 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,                    | -        |       |          |
| 0     | supervised, or controlled the supporting organization.                                                                         | 2        |       |          |
| Sec   | tion 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        |       |          |
| Sec   | tion 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 (2), 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 <b>Part VI</b> the role the organization's            |          |       |          |
|       | supported organizations played in this regard.                                                                                 | 3        |       |          |
| Sec   | tion E. Type III Functionally Integrated Supporting Organizations                                                              | <u> </u> |       | <u> </u> |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) |          |       |          |
| 'a    | The organization satisfied the Activities Test. <i>Complete line 2 below.</i>                                                  | •        |       |          |
|       | The organization is the parent of each of its supported organizations. Complete line 3 below.                                  |          |       |          |
| b     | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see insi   | truction | -)    |          |
| c     |                                                                                                                                | luctions | ŕ     | No       |
| 2     | Activities Test. <b>Answer (a) and (b) below.</b>                                                                              |          | 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 in (a) 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 (a) and (b) 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? 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       |       |          |
| 73202 | 5 10-06-17 Schedule A (Form 9                                                                                                  | 90 or 99 | 90-EZ | ) 2017   |
|       | 17                                                                                                                             |          |       |          |

### Schedule A (Form 990 or 990-EZ) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page 6

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

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

| Sect | ion A - Adjusted Net Income                                                    |          | (A) Prior Year              | (B) Current Year<br>(optional) |
|------|--------------------------------------------------------------------------------|----------|-----------------------------|--------------------------------|
| 1    | Net short-term capital gain                                                    | 1        |                             |                                |
| 2    | Recoveries of prior-year distributions                                         | 2        |                             |                                |
| 3    | Other gross income (see instructions)                                          | 3        |                             |                                |
| 4    | Add lines 1 through 3                                                          | 4        |                             |                                |
| 5    | Depreciation and depletion                                                     | 5        |                             |                                |
| 6    | Portion of operating expenses paid or incurred for production or               |          |                             |                                |
|      | collection of gross income or for management, conservation, or                 |          |                             |                                |
|      | maintenance of property held for production of income (see instructions)       | 6        |                             |                                |
| 7    | Other expenses (see instructions)                                              | 7        |                             |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                   | 8        |                             |                                |
| Sect | ion B - Minimum Asset Amount                                                   |          | (A) Prior Year              | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |          |                             |                                |
|      | instructions for short tax year or assets held for part of year):              |          |                             |                                |
| а    | Average monthly value of securities                                            | 1a       |                             |                                |
| b    | Average monthly cash balances                                                  | 1b       |                             |                                |
| с    | Fair market value of other non-exempt-use assets                               | 1c       |                             |                                |
| d    | Total (add lines 1a, 1b, and 1c)                                               | 1d       |                             |                                |
| е    | Discount claimed for blockage or other                                         |          |                             |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                |          |                             |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2        |                             |                                |
| 3    | Subtract line 2 from line 1d                                                   | 3        |                             |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% 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 .035                                                        | 6        |                             |                                |
| 7    | Recoveries of prior-year distributions                                         | 7        |                             |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8        |                             |                                |
| Sect | ion C - Distributable Amount                                                   |          |                             | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1        |                             |                                |
| 2    | Enter 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-functional | v intear | ated Type III supporting or | anization (see                 |

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

Schedule A (Form 990 or 990-EZ) 2017

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# Schedule A (Form 990 or 990 EZ) 2017 MAKE - A-WISH FOUNDATION INTERNATIONAL

| Par   | τν   Type III Non-Functionally Integrated 509                        | (a)(3) Supporting Org        | anizations (continued)                 |                                           |
|-------|----------------------------------------------------------------------|------------------------------|----------------------------------------|-------------------------------------------|
| Secti | on D - Distributions                                                 |                              |                                        | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe            | mpt purposes                 |                                        |                                           |
| 2     | Amounts paid to perform activity that directly furthers exemp        | ot purposes of supported     |                                        |                                           |
|       | organizations, in excess of income from activity                     |                              |                                        |                                           |
| 3     | Administrative expenses paid to accomplish exempt purpose            | es of supported organizatior | าร                                     |                                           |
| 4     | Amounts paid to acquire exempt-use assets                            |                              |                                        |                                           |
| 5     | Qualified set-aside amounts (prior IRS approval required)            |                              |                                        |                                           |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions. |                              |                                        |                                           |
| 7     | Total annual distributions. Add lines 1 through 6.                   |                              |                                        |                                           |
| 8     | Distributions to attentive supported organizations to which the      | ne organization is responsiv | е                                      |                                           |
|       | (provide details in Part VI). See instructions.                      |                              |                                        |                                           |
| 9     | Distributable amount for 2017 from Section C, line 6                 |                              |                                        |                                           |
| 10    | Line 8 amount divided by line 9 amount                               |                              |                                        |                                           |
| Secti | on E - Distribution Allocations (see instructions)                   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1     | Distributable amount for 2017 from Section C, line 6                 |                              |                                        |                                           |
| 2     | Underdistributions, if any, for years prior to 2017 (reason-         |                              |                                        |                                           |
|       | able cause required- explain in Part VI). See instructions.          |                              |                                        |                                           |
| 3     | Excess distributions carryover, if any, to 2017                      |                              |                                        |                                           |
| a     |                                                                      |                              |                                        |                                           |
| b     | From 2013                                                            |                              |                                        |                                           |
| c     | From 2014                                                            |                              |                                        |                                           |
| d     | From 2015                                                            |                              |                                        |                                           |
| е     | From 2016                                                            |                              |                                        |                                           |
| f     | Total of lines 3a through e                                          |                              |                                        |                                           |
| g     | Applied to underdistributions of prior years                         |                              |                                        |                                           |
| h     | Applied to 2017 distributable amount                                 |                              |                                        |                                           |
| i     | Carryover from 2012 not applied (see instructions)                   |                              |                                        |                                           |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                              |                                        |                                           |
| 4     | Distributions for 2017 from Section D,                               |                              |                                        |                                           |
|       | line 7: \$                                                           |                              |                                        |                                           |
| а     | Applied to underdistributions of prior years                         |                              |                                        |                                           |
| b     | Applied to 2017 distributable amount                                 |                              |                                        |                                           |
| с     | Remainder. Subtract lines 4a and 4b from 4.                          |                              |                                        |                                           |
| 5     | Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h             |                              |                                        |                                           |
|       | and 4b from line 1. For result greater than zero, explain in         |                              |                                        |                                           |
|       | Part VI. See instructions.                                           |                              |                                        |                                           |
| 7     | Excess distributions carryover to 2018. Add lines 3j                 |                              |                                        |                                           |
|       | and 4c.                                                              |                              |                                        |                                           |
| 8     | Breakdown of line 7:                                                 |                              |                                        |                                           |
| а     | Excess from 2013                                                     |                              |                                        |                                           |
| b     | Excess from 2014                                                     |                              |                                        |                                           |
| с     | Excess from 2015                                                     |                              |                                        |                                           |
| d     | Excess from 2016                                                     |                              |                                        |                                           |
|       | Excess from 2017                                                     |                              |                                        |                                           |

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

| Part VI       | Form 990 or 990-EZ) 2017 M<br>Supplemental Informa<br>Part IV, Section A, lines 1, 2, 3    | tion. Provide the ex<br>3b. 3c. 4b. 4c. 5a. 6. | planations required b<br>9a, 9b, 9c, 11a, 11b, | y Part II, line 10; Pa<br>and 11c: Part IV. Se | rt II, line 17a or 17<br>ection B. lines 1 ar | nd 2: Part IV. Sectio  | n C.      |
|---------------|--------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|-----------------------------------------------|------------------------|-----------|
|               | line 1; Part IV, Section D, line<br>Section D, lines 5, 6, and 8; a<br>(See instructions.) | s 2 and 3; Part IV, Se                         | ction E, lines 1c, 2a, 2                       | b, 3a, and 3b; Part                            | V, line 1; Part V, S                          | Section B, line 1e; Pa | art Ý     |
|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
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|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
|               |                                                                                            |                                                |                                                |                                                |                                               |                        |           |
| 32028 10-06-1 | -                                                                                          |                                                |                                                |                                                |                                               | (Form 990 or 990-      | <b>F7</b> |

### **Schedule A**

## Identification of Excess Contributions Included on Part II, Line 5

86-0726985

### 2017

|     | ** Do Not File **             |     |
|-----|-------------------------------|-----|
| *** | Not Open to Public Inspection | *** |

| Contributor's Name                                        | Total<br>Contributions | Excess<br>Contributions |
|-----------------------------------------------------------|------------------------|-------------------------|
| DISNEY                                                    | 4,108,345.             | 3,473,022.              |
| BLIZZARD ENTERTAINMENT                                    | 2,334,321.             | 1,698,998.              |
| UBS                                                       | 655,000.               | 19,677.                 |
| ROYAL CARIBBEAN INTERNATIONAL                             | 730,153.               | 94,830.                 |
| UNITED AIRLINES                                           | 669,831.               | 34,508.                 |
| ISAGENIX INTERNATIONAL                                    | 2,902,058.             | 2,266,735.              |
| AIRBNB                                                    | 788,232.               | 152,909.                |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
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|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
|                                                           |                        |                         |
| Total Excess Contributions to Schedule A, Part II, Line 5 |                        | 7,740,679.              |

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

Name of the organization

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

| 86-072698 |
|-----------|
|-----------|

|                       | MAKE-A-WISH FOUNDATION INTERNATIONAL                                             |
|-----------------------|----------------------------------------------------------------------------------|
| Organization type (ch | neck one):                                                                       |
| Filers of:            | Section:                                                                         |
| Form 990 or 990-EZ    | X 501(c)( 3) (enter number) organization                                         |
|                       | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                       |                                                                                  |

|             | 527 political organization                                            |
|-------------|-----------------------------------------------------------------------|
| Form 990-PF | 501(c)(3) exempt private foundation                                   |
|             | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
|             | 501(c)(3) taxable private foundation                                  |

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

#### General Rule

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 totaling \$5,000 or more during the year \_\_\_\_\_ 🕨 \$\_\_

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Employer identification number

86-0726985

### MAKE-A-WISH FOUNDATION INTERNATIONAL

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions             | (d)<br>Type of contribution                                                                                          |
|------------|-----------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <br>(a)    | (b)                               | \$ <u>1,476,966.</u><br>(c)            | Person<br>Payroll<br>Noncash X<br>(Complete Part II for<br>noncash contributions.)<br>(d)                            |
| No.        | Name, address, and ZIP + 4        | Total contributions                    | Type of contribution                                                                                                 |
| 2          |                                   | \$1,334,854.                           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions             | (d)<br>Type of contribution                                                                                          |
| 3          |                                   | \$522,414.                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions             | (d)<br>Type of contribution                                                                                          |
| 4          |                                   | \$512,643.                             | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)                                            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions             | (d)<br>Type of contribution                                                                                          |
| 5          |                                   | \$500,000.                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions             | (d)<br>Type of contribution                                                                                          |
| <u> </u>   |                                   | \$ <u>183,448.</u><br>Schedule B (Form | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>990, 990-EZ, or 990-PF) (2017) |
|            | 22                                |                                        |                                                                                                                      |

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Employer identification number

86-0726985

### MAKE-A-WISH FOUNDATION INTERNATIONAL

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

| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                   | \$139,014.                                                                                                                                       | Person<br>Payroll<br>Noncash X<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (b)                               | (c)                                                                                                                                              | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name, address, and ZIP + 4        | \$                                                                                                                                               | Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (b)<br>Name address and ZIP + 4   | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                   | \$                                                                                                                                               | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                   | \$                                                                                                                                               | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                   | \$                                                                                                                                               | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                   | \$                                                                                                                                               | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                   | (b)<br>Name, address, and ZIP + 4<br>(b)<br>Name, address, and ZIP + 4<br>(b)<br>Name, address, and ZIP + 4<br>(b)<br>Name, address, and ZIP + 4 | (b)       (c)         Name, address, and ZIP + 4       Fotal contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions         (b)       (c)         Name, address, and ZIP + 4       Total contributions |

Employer identification number

86-0726985

### MAKE-A-WISH FOUNDATION INTERNATIONAL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|----------------------|
| 1                            | MEALS, THEME PARK TICKETS, SHUTTLES<br>AND OTHER MISC GIFTS TO WISH KIDS | -                                               |                      |
|                              |                                                                          | \$\$1,476,966.                                  | 02/15/18             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 4                            | TRAVEL CREDITS FOR WISHES                                                | -                                               |                      |
|                              |                                                                          | \$\$512,643.                                    | 02/15/18             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 7                            | MILES FOR TRAVEL WISHES                                                  | -                                               |                      |
|                              |                                                                          | \$ <u>139,014.</u>                              | 02/15/18             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                                                          | -                                               |                      |
|                              |                                                                          | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                                                          | -                                               |                      |
|                              |                                                                          | \$                                              |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                             | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |                                                                          | -                                               |                      |
|                              |                                                                          | -   \$                                          |                      |

| lame of orga          | nization                                                                                                 |                                                                                             | Employer identification number                                                            |  |
|-----------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|
| IAKE-A                | -WISH FOUNDATION INTER                                                                                   | ΝΑΨΤΟΝΑΙ.                                                                                   | 86-0726985                                                                                |  |
| Part III              | Exclusively religious charitable, etc., con                                                              | ributions to organizations described                                                        | in section 501(c)(7), (8), or (10) that total more than \$1,000 for                       |  |
|                       | the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou | columns (a) infougn (e) and the follow<br>is, charitable, etc., contributions of \$1,000 or | VIIIg IIIe eIIIry. For organizations<br>less for the year. (Enter this info. once.)<br>\$ |  |
|                       | Use duplicate copies of Part III if addition                                                             | al space is needed.                                                                         |                                                                                           |  |
| (a) No.<br>from       | (b) Purpose of gift                                                                                      | (c) Use of gift                                                                             | (d) Description of how gift is held                                                       |  |
| Part I                |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
| -                     |                                                                                                          | (e) Transfer of gift                                                                        | · ·                                                                                       |  |
|                       |                                                                                                          | (e) mansier of gift                                                                         |                                                                                           |  |
| L                     | Transferee's name, address, a                                                                            | nd ZIP + 4                                                                                  | Relationship of transferor to transferee                                                  |  |
| .                     |                                                                                                          |                                                                                             |                                                                                           |  |
| -                     |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
| (a) No.<br>from       | (b) Purpose of gift                                                                                      | (c) Use of gift                                                                             | (d) Description of how gift is held                                                       |  |
| Part I                |                                                                                                          |                                                                                             |                                                                                           |  |
| -                     |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          | (e) Transfer of gift                                                                        |                                                                                           |  |
| L                     | Transferee's name, address, a                                                                            | nd ZIP + 4                                                                                  | f gift<br>Relationship of transferor to transferee                                        |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
| .                     |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
| (a) No.<br>from       | (b) Purpose of gift                                                                                      | (c) Use of gift                                                                             | (d) Description of how gift is held                                                       |  |
| Part I                |                                                                                                          |                                                                                             |                                                                                           |  |
| -                     |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          | (e) Transfer of gift                                                                        | • • • • • • • • • • • • • • • • • • •                                                     |  |
|                       |                                                                                                          | (e) mansier of gift                                                                         |                                                                                           |  |
| L                     | Transferee's name, address, a                                                                            | nd ZIP + 4                                                                                  | Relationship of transferor to transferee                                                  |  |
| .                     |                                                                                                          |                                                                                             |                                                                                           |  |
| -                     |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
| (a) No.<br>from       | (b) Purpose of gift                                                                                      | (c) Use of gift                                                                             | (d) Description of how gift is held                                                       |  |
| Part I                |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
|                       |                                                                                                          |                                                                                             |                                                                                           |  |
| .                     |                                                                                                          |                                                                                             |                                                                                           |  |
| .                     |                                                                                                          | (a) Transfer of -iff                                                                        | <u> </u>                                                                                  |  |
| .                     |                                                                                                          | e) Transfer of gift                                                                         | t                                                                                         |  |
|                       | Transferee's name, address, a                                                                            |                                                                                             | t<br>Relationship of transferor to transferee                                             |  |
|                       | Transferee's name, address, a                                                                            |                                                                                             |                                                                                           |  |
|                       | Transferee's name, address, a                                                                            |                                                                                             |                                                                                           |  |
| -<br>-<br>-<br>-<br>- | Transferee's name, address, a                                                                            |                                                                                             |                                                                                           |  |

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

(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.

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



| Name of the organization |  | Name | of the | organization |
|--------------------------|--|------|--------|--------------|
|--------------------------|--|------|--------|--------------|

### MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number 86-0726985

| Par    | t I Organizations Maintaining Donor Advise                         | d Funds or Other Similar Fund              | ls or A    | ccounts.Complete if the               |
|--------|--------------------------------------------------------------------|--------------------------------------------|------------|---------------------------------------|
|        | organization answered "Yes" on Form 990, Part IV, lin              |                                            |            |                                       |
|        |                                                                    | (a) Donor advised funds                    | (k         | 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 v     | writing that the assets held in donor adv  | ised fund  | ds                                    |
|        | are the organization's property, subject to the organization's     | exclusive legal control?                   |            | Yes 🛛 No                              |
| 6      | Did the organization inform all grantees, donors, and donor a      | dvisors in writing that grant funds can b  | e used o   | nly                                   |
|        | for charitable purposes and not for the benefit of the donor o     | r donor advisor, or for any other purpose  | e conferr  | ing                                   |
|        | impermissible private benefit?                                     |                                            |            | Yes No                                |
| Par    | t II Conservation Easements. Complete if the org                   | anization answered "Yes" on Form 990,      | , Part IV, | line 7.                               |
| 1      | Purpose(s) of conservation easements held by the organization      | on (check all that apply).                 |            |                                       |
|        | Preservation of land for public use (e.g., recreation or e         | ducation) Preservation of a his            | storically | important land area                   |
|        | Protection of natural habitat                                      | Preservation of a ce                       |            |                                       |
|        | Preservation of open space                                         |                                            |            |                                       |
| 2      | Complete lines 2a through 2d if the organization held a qualif     | ied conservation contribution in the forn  | n of a co  | nservation easement on the last       |
|        | day of the tax year.                                               |                                            | [          | Held at the End of the Tax Year       |
| а      | Total number of conservation easements                             |                                            | ĺ          | 2a                                    |
| b      |                                                                    |                                            |            | 2b                                    |
| с      | Number of conservation easements on a certified historic stru      |                                            |            | 2c                                    |
| d      | Number of conservation easements included in (c) acquired a        |                                            |            |                                       |
|        | listed in the National Register                                    |                                            |            | 2d                                    |
| 3      | Number of conservation easements modified, transferred, rel        |                                            | ne organ   | ization during the tax                |
|        | year ►                                                             | , , , ,                                    | 5          | 5                                     |
| 4      | Number of states where property subject to conservation eas        | sement is located                          |            |                                       |
| 5      | Does the organization have a written policy regarding the per      |                                            | f          |                                       |
|        | violations, and enforcement of the conservation easements it       |                                            |            | Yes No                                |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,       |                                            |            |                                       |
|        | ►                                                                  | 5 , 5                                      |            | 3 ,                                   |
| 7      | Amount of expenses incurred in monitoring, inspecting, hand        | lling of violations, and enforcing conserv | ation ea   | sements during the vear               |
|        | ► \$                                                               | 5 , 5                                      |            | 5,                                    |
| 8      | Does each conservation easement reported on line 2(d) abov         | e satisfy the requirements of section 17   | 0(h)(4)(B  | )(j)                                  |
|        | and section 170(h)(4)(B)(ii)?                                      |                                            |            |                                       |
| 9      | In Part XIII, describe how the organization reports conservation   |                                            |            |                                       |
|        | include, if applicable, the text of the footnote to the organizat  |                                            |            |                                       |
|        | conservation easements.                                            |                                            | 5          | 5                                     |
| Par    | t III Organizations Maintaining Collections of                     | f Art, Historical Treasures, or (          | Other S    | Similar Assets.                       |
|        | Complete if the organization answered "Yes" on Form                | 990, Part IV, line 8.                      |            |                                       |
| 1a     | If the organization elected, as permitted under SFAS 116 (AS       | C 958), not to report in its revenue state | ement an   | d balance sheet works of art,         |
|        | historical treasures, or other similar assets held for public exh  |                                            |            |                                       |
|        | the text of the footnote to its financial statements that descri   |                                            | ·          |                                       |
| b      | If the organization elected, as permitted under SFAS 116 (AS       | C 958), to report in its revenue stateme   | nt and ba  | alance sheet works of art, historical |
|        | treasures, or other similar assets held for public exhibition, ec  |                                            |            |                                       |
|        | relating to these items:                                           | · · ·                                      |            |                                       |
|        | (i) Revenue included on Form 990, Part VIII, line 1                |                                            |            | ▶ \$                                  |
|        |                                                                    |                                            |            |                                       |
| 2      | If the organization received or held works of art, historical trea |                                            |            |                                       |
| _      | the following amounts required to be reported under SFAS 1         |                                            |            |                                       |
| а      | Revenue included on Form 990, Part VIII, line 1                    |                                            |            | ▶ \$                                  |
|        | Assets included in Form 990, Part X                                |                                            |            |                                       |
|        | For Paperwork Reduction Act Notice, see the Instructions           |                                            |            | Schedule D (Form 990) 2017            |
|        | 10-09-17                                                           |                                            |            |                                       |
| , 5200 |                                                                    | 26                                         |            |                                       |

| Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued]         a Unable explanations acquisition, accession, and other records, check any of the following that are a significant use of its collection items          a Public exhibition       d       Loan or exchange programs         b Scholarly research       e       Other         c Provide a description of the organization solicot or receive domaines of art, historical treasures, or other similar assets       to be solid to organization and collector and the organization collector)       Yes       No         Part III       Escrow and Custodial Arrangements. Complete if the organization collector)       Yes       No         Part VIII       Escrow and Custodial Arrangements. Complete the following table:       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Arrangement in Part XIII and complete the following table:       Yes       No         b If "Yes," explain the arrangement in Part XIII cock here if the explanation has been provided on Part XIII.       Provide anoment on the organization include an anound on Form 990, Part X, Ine 21, for escrow or custodial locument liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII cock here if the explanation has been provided on Part XIII.       Provide the downent the organization anound on Form 990, Part X, Ine 21, for escrow or custodial locument liability?       Yes       No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sche |                                               | WISH FOUND             |            |                |                |            |                | 36-07      |                   |         | age <b>2</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------|------------------------|------------|----------------|----------------|------------|----------------|------------|-------------------|---------|--------------|
| check all that apply:       d       Loan or exchange programs         a       Deble exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other         7       Provide a description of the organization solections and explain how they further the organization's exempt purpose in Part XIII.       5         7       Provide a description of the organization solections and explain how they further the organization's exempt purpose in Part XIII.       5         7       Provide a description of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       The second of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       The second of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       The description of the organization answered "Yes" on Form 990, Part X, line 21.         8       If "Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XIII.       The organization include an amount on Form 990, Part X, line 21.       The organization include an amount on Form 990, Part X, line 10.         9       Detric functions       Contributions       Contributions       Contributions       Contributions         at X trives, "explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XIII.       Provide the explanatization include an amount on Form 990, P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pa   | t III Organizations Maintaining C             | Collections of A       | rt, Hist   | orical Tr      | easures,       | or Oth     | er Simila      | ar Asse    | <b>ts</b> (contii | nued)   |              |
| a Public exhibition during the generations description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, do the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, do the organization is collections of art, historical treasures, or done similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tal Is the organization and the treatment in Part XIII and complete the following table:  C Beginning balance C Beginning of year balance C Beginning of                                                                                                                                                                                                                     | 3    |                                               | ion, and other record  | ds, check  | any of the     | following that | at are a s | ignificant ι   | use of its | collectio         | n item  | S            |
| b       Scholary research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or responded 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, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.         2a       Did the organization include an amount on Form 990, Part X, line 21.       Ine all did did did did did did did did did d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                               |                        |            |                |                |            |                |            |                   |         |              |
| 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 XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or         11       The scorew and Clustodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or         12       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account idability?         13       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         24       Dotino organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         25       Dotino organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         26       The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         26       The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         27       No         14       Endownent Funds. Complete if the organization masweed 'Yes' on Form 990, Part X, line 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | а    |                                               | c                      |            |                | hange progra   | ams        |                |            |                   |         |              |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an around to Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2.     Beginning balance     Celleginning balance     Intermediary for each state of the organization answered "Yes" on Form 990, Part X2.     Ine 21. 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 X.     Ine 24. In Part XII. Check here if the explanation has been provided on Part XII.     Part V Endowment Funds. Complete if the organization include and programs.     Id Administrate explanation include an amount on Form 990.     If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.     Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X.     Ine 24. In Part YII.     In Part YII.     Index the explanation include an amount on Form 990.     Part XII.     Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X.     Ine 24.     In Power the estimated percentage of the current year end balance (ine 1g, column (a)) held as:     Board designated or quasiandowment \begin ing 5,     The percentages on time to 2a.     At the endowment the aconganization is liked as required on Schedule R?     In                                                                                                                                                                                                                         | b    |                                               | e                      |            | Other          |                |            |                |            |                   |         |              |
| 5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       Ive       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ive answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.         1       Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         1       Calibrity of the year       1d         20       Distributions during the year       1d         21       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         23       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         24       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         24       Did the organization answered 'Yes' on Form 990, Part IV, line 10.       Ine 10.       Ine years back (e) Four years back ie organization answered 'Yes' on Form 990, Part IV, line 10.         25       Contributions       Ine organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | С    | Preservation for future generations           |                        |            |                |                |            |                |            |                   |         |              |
| to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       14       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Complete if the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Complete if the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Image: Complete if the organization answered 'Yes' on Form 990,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4    |                                               |                        |            | -              | -              |            |                | se in Par  | t XIII.           |         |              |
| Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Second                                                                                                                                                                                                                                                                                       | 5    |                                               |                        |            |                |                |            |                |            | -                 |         | 7            |
| reported an amount on Form 990, Part X, line 21.         Ta Is the organization an agent, truste, custodian or other intermediary for contributions or other assets not included<br>on Form 980, Part X         b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance         d Additions during the year         1d         2a Did the organization administreat         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       [a) Current year         b Contributions       [b) Frives," 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       [a) Current year         [b] Contributions       [b] Crive years back         c Nat Investment earnings, gains, and losses       [c] Or You years back         c Amount tearnings. gains, and losses       [c] Or You years back         g End of year balance       [c] Or You years and (c) Three years back         g End of year balance       [c] Or You years and (c) Three years back         g End of year balance       [c] Or You years and years and p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D    |                                               |                        |            |                |                |            |                |            |                   |         | No           |
| 1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included<br>on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       Ic       Amount       Ic       Amount         1a       Distributions during the year       Id       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Pert V       Fedowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Part Arrangement in Part XIII.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back       Image: Part Arrangement in Part XIII.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       Image: Part Arrangement in Part XIII.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pa   |                                               |                        | ete if the | organizatio    | n answered     | "Yes" or   | 1 Form 990     | , Part IV, | line 9, oi        | •       |              |
| on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10.         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back in the transmission of the organization answered "Yes" on Form 990, Part W, line 10.         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back in the organization answered "Yes" on Form 990, Part W, line 10.         la Beginning of year balance       (b) Prior year       (c) Two years back in the part of the organization answered "Yes" on Form 990, Part W, line 10.       Second balance         la End of wear balance       year balance       year balance       year balance         la End organizations       %       year balance       year balance         la Provide the estimated percentage o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -    |                                               |                        |            |                |                |            | the structured |            |                   |         |              |
| b       If "Yes," explain the arrangement in Part XII and complete the following table:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | па   |                                               |                        | •          |                |                |            |                |            |                   |         | 7            |
| c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization narswered "Ves" on Form 990, Part IV, line 10.       Image: State St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | h.   | on Form 990, Part X?                          |                        |            |                |                |            |                | L          | ⊥ ¥es             |         |              |
| c       Beginning balance       ic       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D    | If Yes," explain the arrangement in Part XIII | and complete the id    | niowing t  | able:          |                |            |                |            | Amoun             | +       |              |
| d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization as been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a back organization as each and a doministered for the organization by:       (g) Uurelated organizations       (g) Ves No         6 If "Yes" on line 3a(i), are the related organization's endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Designing belonce                             |                        |            |                |                |            | 10             |            | Amoun             | L       |              |
| e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years         1a       Grants or scholarships       (a) Cost or other       (b) Prior year       (c) Two years back <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                               |                        |            |                |                |            |                |            |                   |         |              |
| f       Ending balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                               |                        |            |                |                |            |                |            |                   |         |              |
| 2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10.       Image: Complete in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         7       Administrative expenditures for facilities       (a) Current year and balance       (i) Cher wears back       (i) Cher wears back       (ii) Cher wears back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | f    |                                               |                        |            |                |                |            |                |            |                   |         |              |
| 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.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Administrative expenses       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         g       End of year balance       (a) Current year       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back       (f) The years back       (f) Two years back       (f) Two years back       (f) Two years back       (f) Four years back       fa       fa       fa       fa       fa       fa       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2a   |                                               |                        |            |                |                |            |                |            | Yes               |         | No           |
| Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (b) Chire year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (c) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Contributions       (c) Two stars back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (c) Administrative expenditures for facilities       (c) Administrative expenditures       (c) Administrative expenditures         1a       Forwide the estimated percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                               |                        |            |                |                |            |                |            |                   |         | ]            |
| Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pa   | t V Endowment Funds. Complete i               | if the organization ar | nswered    | "Yes" on Fo    | orm 990, Par   | t IV, line | 10.            |            |                   |         |              |
| b       Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                               |                        |            |                | 1              |            |                | ears back  | (e) Four          | years   | back         |
| c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Temporarily restricted endowment ▶  %   b   Permanent endowment ▶  %   b   f(i)   unrelated organizations   (ii)   (ii)   related organizations   iii)   iii)   related organizations   iii)   e 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.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b   b   Buildings   c   Leasehold improvements   c   c   Leasehold improvements   c   c   Leasehold improvements   c   c   Leasehold improvements   c   c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1a   | Beginning of year balance                     |                        |            |                |                |            |                |            |                   |         |              |
| c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   c Temporarily restricted endowment ▶  %   b   Permanent endowment ▶  %   b   f(i)   unrelated organizations   (ii)   (ii)   related organizations   iii)   iii)   related organizations   iii)   e 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.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   b   b   Buildings   c   Leasehold improvements   c   c   Leasehold improvements   c   c   Leasehold improvements   c   c   Leasehold improvements   c   c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | b    | Contributions                                 |                        |            |                |                |            |                |            |                   |         |              |
| e       Other expenditures for facilities<br>and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | с    |                                               |                        |            |                |                |            |                |            |                   |         |              |
| and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d    | Grants or scholarships                        |                        |            |                |                |            |                |            |                   |         |              |
| f       Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | е    | Other expenditures for facilities             |                        |            |                |                |            |                |            |                   |         |              |
| g End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | and programs                                  |                        |            |                |                |            |                |            |                   |         |              |
| 2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         mile 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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) are the related organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a(i)</b></li> <li><b>3a(ii)</b></li> <li><b>3b</b></li> <li><b>4</b></li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(i) 641, 653 · 734, 584 · 907, 069 · 007, 069 · 007, 069 · 007, 069 · 007, 069 · 0007, 069 · 0007, 069 · 0007, 069 · 0007, 069 · 0007, 069 · 0007, 069 · 0007, 069 · 0007, 069 · 0000 · 0000 ·</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | f    | Administrative expenses                       |                        |            |                |                |            |                |            |                   |         |              |
| a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g    |                                               |                        |            |                |                |            |                |            |                   |         |              |
| b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:             (i) unrelated organizations      %         (ii)       unrelated organizations      %      %         (iii)       related organizations      %         j       iii)       related organizations      %         4       Describe in Part XIII the intended uses of the organization's endowment funds.      %         Part VI       Land, Buildings, and Equipment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2    |                                               |                        | ce (line 1 | g, column (a   | a)) held as:   |            |                |            |                   |         |              |
| c       Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)         (i)       unrelated organizations       3a(i)         (ii)       related organizations       3a(ii)         (iii)       related organizations       3a(ii)         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value basis (other)         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       1       1       641,653.       734,584.       907,069.         e       Other       0       0       0       0       0       0       0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | а    | Board designated or quasi-endowment           |                        | _%         |                |                |            |                |            |                   |         |              |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related 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 (investment) b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment c Other c O                                                                                                                                                                                                                   |      | · · · · · · · · · · · · · · · · · · ·         | %                      |            |                |                |            |                |            |                   |         |              |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       1       3a(i)       1       3a(i)       1       3a(i)       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | С    |                                               |                        |            |                |                |            |                |            |                   |         |              |
| by:<br>(i) unrelated organizations<br>(ii) related organizations<br>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?<br>4 Describe in Part XIII the intended uses of the organization's endowment funds.<br>Part VI Land, Buildings, and Equipment.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.<br>Description of property<br>(a) Cost or other<br>basis (investment)<br>b Buildings<br>c Leasehold improvements<br>d Equipment<br>c Other<br>(b) Cost or other<br>(c) Accumulated<br>(c) Book value<br>(c) Accumulated<br>(c) Accumulated<br>(c) Book value<br>(c) Accumulated<br>(c) Accumulated<br>(c) Accumulated<br>(c) Accumulated<br>(c) Accumulated<br>(c) Accumulated<br>(c) Accumulated<br>(c) Accumulated<br>(c) Book value<br>(c) Accumulated<br>(c) Accu | -    |                                               |                        |            |                |                |            |                |            |                   |         |              |
| (i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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)       (c) Accumulated depreciation         b Buildings       5         c Leasehold improvements       1, 641, 653.       734, 584.         e Other       0.007, 069.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | За   |                                               | ession of the organiz  | ation tha  | it are held a  | nd administe   | ered for t | he organiz     | ation      | I                 | <u></u> |              |
| (ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1         b       Buildings       1         c       Leasehold improvements       1         d       Equipment       1         e       Other       1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | -                                             |                        |            |                |                |            |                |            | 0.0               | Yes     | NO           |
| b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                               |                        |            |                |                |            |                |            |                   |         |              |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       1,641,653.         d Equipment       1,641,653.         e Other       0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | h    | (ii) related organizations                    | ationa listad on roqui | rad on S   | abadula D2     |                |            |                |            | 3a(II)<br>2b      |         |              |
| Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4    |                                               |                        |            |                |                |            |                |            | 30                |         |              |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pa   | -                                             |                        | JWINCITE   |                |                |            |                |            |                   |         |              |
| Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                               |                        | 0. Part IV | /. line 11a. S | See Form 990   | ). Part X  | . line 10.     |            |                   |         |              |
| Image: basis (investment)     basis (other)     depreciation       1a Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                               |                        | 1          |                |                |            |                | d          | (d) Boo           | k value | e            |
| b Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                               | . ,                    |            | .,             |                |            |                |            | .,                |         |              |
| b Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1a   | Land                                          |                        |            |                |                |            |                |            |                   |         |              |
| c Leasehold improvements         1,641,653.         734,584.         907,069.           e Other         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                               |                        |            |                |                |            |                |            |                   |         |              |
| d Equipment         1,641,653.         734,584.         907,069.           e Other         000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                               |                        |            |                |                |            |                |            |                   |         |              |
| e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                               |                        |            | 1,64           | 1,653.         |            | 734,58         | 34.        | 90                | 7,0     | 69.          |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                                               |                        |            |                |                |            |                |            |                   |         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tota | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part   | X, colun   | nn (B), line 1 | 0c.)           |            |                |            | 90                | 7,0     | 69.          |

Schedule D (Form 990) 2017

732052 10-09-17

| Schedule D (Form 990) 20      |                                          | FOUNDATION            | I INTERNATION                | AL 86-0                 | 0726985         | Page <b>3</b> |
|-------------------------------|------------------------------------------|-----------------------|------------------------------|-------------------------|-----------------|---------------|
| Part VII Investme             | nts - Other Securities.                  |                       |                              |                         |                 |               |
|                               | he organization answered "Yes"           | on Form 990, Part IV  | , line 11b. See Form 990,    | Part X, line 12.        |                 |               |
| (a) Description of security ( | OF Category (including name of security) | (b) Book value        | (c) Method of v              | aluation: Cost or end-o | f-year market v | /alue         |
| (1) Financial derivatives     |                                          |                       |                              |                         |                 |               |
|                               | erests                                   |                       |                              |                         |                 |               |
| (3) Other                     |                                          |                       |                              |                         |                 |               |
| (A)                           |                                          |                       |                              |                         |                 |               |
| (B)                           |                                          |                       |                              |                         |                 |               |
| (C)                           |                                          |                       |                              |                         |                 |               |
| (D)                           |                                          |                       |                              |                         |                 |               |
| (E)                           |                                          |                       |                              |                         |                 |               |
| (F)                           |                                          |                       |                              |                         |                 |               |
| (G)                           |                                          |                       |                              |                         |                 |               |
| (H)                           |                                          |                       |                              |                         |                 |               |
|                               | orm 990, Part X, col. (B) line 12.) 🕨    |                       |                              |                         |                 |               |
|                               | nts - Program Related.                   |                       |                              |                         |                 |               |
|                               | he organization answered "Yes"           | on Form 990 Part IV   | line 11c. See Form 990       | Part X line 13          |                 |               |
|                               | tion of investment                       | (b) Book value        |                              | aluation: Cost or end-o | f-year market \ | value         |
| (1)                           |                                          |                       |                              |                         |                 |               |
| (2)                           |                                          |                       |                              |                         |                 |               |
| (3)                           |                                          |                       |                              |                         |                 |               |
| (4)                           |                                          |                       |                              |                         |                 |               |
| (5)                           |                                          |                       |                              |                         |                 |               |
| (6)                           |                                          |                       |                              |                         |                 |               |
| (7)                           |                                          |                       |                              |                         |                 |               |
| (8)                           |                                          |                       |                              |                         |                 |               |
| (9)                           |                                          |                       |                              |                         |                 |               |
|                               | orm 990, Part X, col. (B) line 13.) 🕨    |                       |                              |                         |                 |               |
| Part IX Other Ass             |                                          |                       |                              |                         |                 |               |
|                               | he organization answered "Yes"           | on Form 000 Part IV   | line 11d See Form 990        | Part V line 15          |                 |               |
|                               | -                                        | Description           | , line 11d. Gee I offit 330, |                         | (b) Book va     | alue          |
| (1) DUE FROM                  | AFFILIATES                               | Becomption            |                              |                         |                 | ,414.         |
| (-)                           |                                          |                       |                              |                         |                 | ,             |
| (2)                           |                                          |                       |                              |                         |                 |               |
| (3)                           |                                          |                       |                              |                         |                 |               |
| (4)                           |                                          |                       |                              |                         |                 |               |
| (5)                           |                                          |                       |                              |                         |                 |               |
| (6)                           |                                          |                       |                              |                         |                 |               |
| (7)                           |                                          |                       |                              |                         |                 |               |
| (8)                           |                                          |                       |                              |                         |                 |               |
| (9)                           |                                          |                       |                              |                         | 261             | 111           |
|                               | qual Form 990, Part X, col. (B) line     | 9 15.)                |                              | <b>▶</b>                | 301             | ,414.         |
|                               |                                          |                       |                              | - 000 D-++ V // 07      |                 |               |
| Complete if t                 | he organization answered "Yes"           | on Form 990, Part IV, |                              | n 990, Part X, line 25. |                 |               |
| 1.                            | (a) Description of liability             |                       | (b) Book value               |                         |                 |               |

| 1.     | (a) Description of hability                                   | (b) DOOK value |
|--------|---------------------------------------------------------------|----------------|
| (1)    | Federal income taxes                                          |                |
| (2)    | DUE TO AFFILIATES                                             | 639,093.       |
| (3)    | DEFERRED AFFILIATE DUES                                       | 506,096.       |
| (4)    |                                                               |                |
| (5)    |                                                               |                |
| (6)    |                                                               |                |
| (7)    |                                                               |                |
| (8)    |                                                               |                |
| (9)    |                                                               |                |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨 | 1,145,189.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔀

Schedule D (Form 990) 2017

732053 10-09-17

|                                                     | edule D (Form 990) 2017 MAKE - A-WISH FOUNDA'I'LON IN'I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                             |                 |                    | 0/26985 Page 4                             |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------|--------------------|--------------------------------------------|
| Pa                                                  | rt XI Reconciliation of Revenue per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | i Revenue per R | eturi              | 1.                                         |
| 1                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                 | 1                  | 8,098,661.                                 |
| 2                                                   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                 | · ·                |                                            |
| _<br>a                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2a                            | 28,553.         |                    |                                            |
| b                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·                             | 421,400.        |                    |                                            |
| c                                                   | Recoveries of prior year grants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                 |                    |                                            |
| d                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                 |                    |                                            |
| е                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                 | 2e                 | 449,953.                                   |
| 3                                                   | Subtract line 2e from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                 | 3                  | 7,648,708.                                 |
| 4                                                   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                 |                    |                                            |
| а                                                   | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4a                            |                 |                    |                                            |
| b                                                   | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                 |                    |                                            |
|                                                     | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                 | 4c                 | 0.                                         |
| 5                                                   | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                 | 5                  | 7,648,708.                                 |
|                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                 |                    |                                            |
| Ра                                                  | rt XII Reconciliation of Expenses per Audited Financial Staten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nents Wit                     | h Expenses per  | Retu               | ırn.                                       |
| Pa                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | h Expenses per  | Retu               |                                            |
| <b>Pa</b>                                           | rt XII Reconciliation of Expenses per Audited Financial Staten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.                            |                 | Retu<br>1          | ırn.<br>8,042,817.                         |
|                                                     | rt XII Reconciliation of Expenses per Audited Financial Staten<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.                            |                 | Retu<br>1          |                                            |
| 1                                                   | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                                                                                                                                                                                                                                                                                                                                                       | a.<br>                        |                 | Retu<br>1          |                                            |
| 1 2                                                 | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                        | a.<br>. <b>2</b> a            |                 | Retu<br>1          |                                            |
| 1<br>2<br>a<br>b                                    | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                        | a.<br>2a<br>2b                |                 | Retu               |                                            |
| 1<br>2<br>a<br>b<br>c                               | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments                                                                                                                                                                                                                                                                                                                                                         | 2a<br>2b<br>2c                |                 | 1                  | 8,042,817.                                 |
| 1<br>2<br>b<br>c<br>d                               | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses                                                                                                                                                                                                                                                                                                                                    | 2a<br>2b<br>2c<br>2d          | 421,400.        | 1<br>2e            | 8,042,817.                                 |
| 1<br>2<br>b<br>c<br>d                               | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                             | 2a<br>2b<br>2c<br>2d          | 421,400.        | 1                  | 8,042,817.                                 |
| 1<br>2<br>b<br>c<br>d<br>e                          | rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                                | 2a<br>2b<br>2c<br>2d          | 421,400.        | 1<br>2e            | 8,042,817.                                 |
| 1<br>2<br>3<br>4<br>3<br>4                          | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b                                                                    | 2a<br>2b<br>2c<br>2d<br>2d    | 421,400.        | 1<br>2e            | 8,042,817.                                 |
| 1<br>2<br>3<br>4<br>3<br>4                          | rt XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                                | 2a<br>2b<br>2c<br>2d<br>2d    | 421,400.        | 1<br>2e            | 8,042,817.<br>421,400.<br>7,621,417.       |
| 1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b | 2a       2b       2c       2d | 421,400.        | 1<br>2e<br>3<br>4c | 8,042,817.<br>421,400.<br>7,621,417.<br>0. |
| 1<br>2<br>d<br>e<br>3<br>4<br>b<br>c<br>5           | Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)                             | 2a       2b       2c       2d | 421,400.        | 1<br>2e<br>3       | 8,042,817.<br>421,400.<br>7,621,417.       |

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

### PART X, LINE 2:

| THE FOUNDATION IS A NONPROFIT CHARITABLE ORGANIZATION WHICH QUALIFIES AS A                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE                                                                                                                                                       |
| CODE (IRC) AND, ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE CORPORATE                                                                                                                                                      |
| INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE                                                                                                                                                      |
| FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER                                                                                                                                                          |
| SECTION 170 OF THE IRC AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS                                                                                                                                                     |
| NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).                                                                                                                                                                                |
|                                                                                                                                                                                                                               |
| INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE<br>FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER<br>SECTION 170 OF THE IRC AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS |

### MANAGEMENT BELIEVES THAT THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS AS

OF AUGUST 31, 2018 AND 2017.

732054 10-09-17

| Schedule D (Form 990) 2017                              | MAKE-A-WISH           | FOUNDATION | INTERNATIONAL | 86-0726985 <sub>Page</sub> |
|---------------------------------------------------------|-----------------------|------------|---------------|----------------------------|
| Schedule D (Form 990) 2017<br>Part XIII Supplemental In | formation (continued) |            |               | U                          |
|                                                         |                       |            |               |                            |
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|                                                         |                       |            |               | Schedule D (Form 990) 2    |
| 732055 10-09-17                                         |                       |            |               |                            |
|                                                         |                       | 30         |               |                            |

| Department of the Treasury                 |                                           |                  | Attach to Form 990.                                                                                                                                           |                         |                                                                         | Open to Public                         |
|--------------------------------------------|-------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------|----------------------------------------|
| Internal Revenue Service                   | Go to v                                   | www.irs.gov/Fo   | orm990 for instructions and the lates                                                                                                                         | t information.          | Employeria                                                              | Inspection                             |
| Name of the organization                   |                                           |                  |                                                                                                                                                               |                         | Employer ic                                                             | dentification number                   |
| MAKE-A-WISH FO                             |                                           |                  |                                                                                                                                                               |                         | 86-072                                                                  |                                        |
| Part I General In<br>Form 990, Pa          |                                           | Activities Our   | tside the United States. Comple                                                                                                                               | ete if the organ        | ization answe                                                           | red "Yes" on                           |
| 1 For grantmakers. D                       | oes the organizatior                      | n maintain recor | ds to substantiate the amount of its gr                                                                                                                       | ants and other          | assistance,                                                             |                                        |
| the grantees' eligibili                    | ty for the grants or a                    | assistance, and  | the selection criteria used to award the                                                                                                                      | e grants or ass         | istance?                                                                | X Yes No                               |
| 2 For grantmakers. Do United States.       | escribe in Part V the                     | e organization's | procedures for monitoring the use of it                                                                                                                       | s grants and o          | ther assistanc                                                          | e outside the                          |
|                                            |                                           |                  | an be duplicated if additional space is                                                                                                                       |                         | the line of the Art                                                     |                                        |
| (a) Region                                 | (b) Number of<br>offices<br>in the region | employees,       | (d) Activities conducted in the region<br>(by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a pro<br>describe    | vity listed in (d<br>gram service,<br>specific type<br>(s) in the regio | expenditures<br>for and<br>investments |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
| CENTRAL AMERICA AND                        |                                           |                  |                                                                                                                                                               | WISH GRANTI             | NG AND                                                                  |                                        |
| THE CARIBBEAN                              | 0                                         | 0                | PROGRAM SERVICES                                                                                                                                              | TRAINING                |                                                                         | 65,258.                                |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
| EAST ASIA AND THE                          |                                           |                  |                                                                                                                                                               | WISH GRANTI             | NG AND                                                                  |                                        |
| PACIFIC                                    | 0                                         | 0                | PROGRAM SERVICES                                                                                                                                              | TRAINING                |                                                                         | 487,565.                               |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
| EUROPE (INCLUDING                          |                                           |                  |                                                                                                                                                               | WISH GRANTI             | NG AND                                                                  |                                        |
| ICELAND & GREENLAND)                       | 0                                         | 4                | PROGRAM SERVICES                                                                                                                                              | TRAINING                |                                                                         | 1,179,536.                             |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
| MIDDLE EAST AND                            |                                           |                  |                                                                                                                                                               | WISH GRANTI             | NG AND                                                                  |                                        |
| NORTH AFRICA                               | 0                                         | 0                | PROGRAM SERVICES                                                                                                                                              | TRAINING                |                                                                         | 60,405.                                |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
|                                            |                                           |                  |                                                                                                                                                               | WISH GRANTI             | NG AND                                                                  |                                        |
| NORTH AMERICA                              | 0                                         | 0                | PROGRAM SERVICES                                                                                                                                              | TRAINING                |                                                                         | 1,362,665.                             |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
|                                            |                                           |                  |                                                                                                                                                               | WISH GRANTI             | NC AND                                                                  |                                        |
| SOUTH AMERICA                              | 0                                         | 0                | PROGRAM SERVICES                                                                                                                                              | TRAINING                | ING AND                                                                 | 215,623.                               |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
| SOUTH ASIA                                 | 0                                         | 0                | PROGRAM SERVICES                                                                                                                                              | WISH GRANTI<br>TRAINING | NG AND                                                                  | 471,180.                               |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
|                                            |                                           |                  |                                                                                                                                                               |                         |                                                                         |                                        |
| 3 a Sub-total                              | 0                                         | 4                |                                                                                                                                                               |                         |                                                                         | 3,842,232.                             |
| <b>b</b> Total from continuati             |                                           |                  |                                                                                                                                                               |                         |                                                                         | _                                      |
| sheets to Part I<br>c Totals (add lines 3a | 0                                         | 0                |                                                                                                                                                               |                         |                                                                         | 0.                                     |
| and 3b)                                    | 0                                         | 4                |                                                                                                                                                               |                         |                                                                         | 3,842,232.                             |

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

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732071 10-06-17

SCHEDULE F (Form 990)

| Schedule F (Form 990) 2017                              |                                                       | MAKE-A-WISH FOUNDATI                                                                                                                     | NATION INTERNATIONAL                                                                                                                                                                            | ONAL                         | 86-0726985           | 26985           |                                                                                                                                               | Page 2                               |
|---------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Part II Grants and Oth<br>recipient who rec             | <b>er Assistance to Or</b> g<br>ceived more than \$5, | Grants and Other Assistance to Organizations or Entities Outsid<br>recipient who received more than \$5,000. Part II can be duplicated i | Grants and Other Assistance to Organizations or Entities Outside the United States. Compl<br>recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | complete if the org<br>eded. | ganization answerec  | l "Yes" on Form | <b>le the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any f additional space is needed. |                                      |
| 1<br>(a) Name of organization                           | (b) IRS code section                                  | (c) Region                                                                                                                               | (d) Purpose of                                                                                                                                                                                  | (e) Amount                   | (f) Manner of        | (g) Amount of   | (h) Description<br>of noncash                                                                                                                 | (i) Method of<br>valuation (book EMV |
|                                                         | and EIN (if applicable)                               |                                                                                                                                          | grant                                                                                                                                                                                           | of cash grant                | cash disbursement    | assistance      | assistance                                                                                                                                    | appraisal, other)                    |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 | PROGRAM TRAVEL,                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 | INCLUDING                                                                                                                                     |                                      |
|                                                         |                                                       | CENTRAL AMERICA &                                                                                                                        | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 | FLIGHTS, LODGING,                                                                                                                             |                                      |
|                                                         |                                                       | CAR I BBEAN                                                                                                                              | GRANTING WISHES TO                                                                                                                                                                              | 9,746.WIRE                   | VIRE                 | 55,512.         | AND EVENTS.                                                                                                                                   | FMV                                  |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 | PROGRAM TRAVEL,                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 | INCLUDING                                                                                                                                     |                                      |
|                                                         |                                                       | EAST ASIA & THE                                                                                                                          | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 | FLIGHTS, LODGING,                                                                                                                             |                                      |
|                                                         |                                                       | PACIFIC                                                                                                                                  | GRANTING WISHES TO                                                                                                                                                                              | 27,095.1                     | WIRE                 | 104,845.        | AND EVENTS.                                                                                                                                   | FMV                                  |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 | PROGRAM TRAVEL,                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 | INCLUDING                                                                                                                                     |                                      |
|                                                         |                                                       | EAST ASIA & THE                                                                                                                          | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 | FLIGHTS, LODGING,                                                                                                                             |                                      |
|                                                         |                                                       | PACIFIC                                                                                                                                  | GRANTING WISHES TO                                                                                                                                                                              | 55,685.WIRE                  | VIRE                 | 5,275.          | 275. AND EVENTS.                                                                                                                              | FMV                                  |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       | EAST ASIA & THE                                                                                                                          | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       | PACIFIC                                                                                                                                  | GRANTING WISHES TO                                                                                                                                                                              | 46,099.1                     | WIRE                 | 0.              |                                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       | EAST ASIA & THE                                                                                                                          | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       | PACIFIC                                                                                                                                  | GRANTING WISHES TO                                                                                                                                                                              | 10,938.0                     | WIRE                 | 0.              |                                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 | PROGRAM TRAVEL,                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 | INCLUDING                                                                                                                                     |                                      |
|                                                         |                                                       | EAST ASIA & THE                                                                                                                          | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 | FLIGHTS, LODGING,                                                                                                                             |                                      |
|                                                         |                                                       | PACIFIC                                                                                                                                  | GRANTING WISHES TO                                                                                                                                                                              | 9,890.WIRE                   | VIRE                 | 7,453.          | AND EVENTS.                                                                                                                                   | FMV                                  |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 | PROGRAM TRAVEL,                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 | INCLUDING                                                                                                                                     |                                      |
|                                                         |                                                       | EAST ASIA & THE                                                                                                                          | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 | FLIGHTS, LODGING,                                                                                                                             |                                      |
|                                                         |                                                       | PACIFIC                                                                                                                                  | GRANTING WISHES TO                                                                                                                                                                              | 35,068.WIRE                  | VIRE                 | 51,795.         | AND EVENTS.                                                                                                                                   | FMV                                  |
|                                                         |                                                       |                                                                                                                                          | TO SUPPORT THE                                                                                                                                                                                  |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       |                                                                                                                                          | MISSION OF THE                                                                                                                                                                                  |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       | EAST ASIA & THE                                                                                                                          | ORGANIZATION,                                                                                                                                                                                   |                              |                      |                 |                                                                                                                                               |                                      |
|                                                         |                                                       | PACIFIC                                                                                                                                  | GRANTING WISHES TO                                                                                                                                                                              | 8,017.WIRE                   | VIRE                 | .0              |                                                                                                                                               |                                      |
| 2 Enter total number of                                 | recipient organization                                | ns listed above that are                                                                                                                 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt                                                    | foreign country,             | recognized as tax-e; | xempt           |                                                                                                                                               |                                      |
|                                                         | ch the grantee or cou                                 | insel has provided a sec                                                                                                                 | by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter                                                                                             | er                           |                      |                 |                                                                                                                                               | 42                                   |
| 3 Enter total number of other organizations or entities | other organizations c                                 | or entities                                                                                                                              |                                                                                                                                                                                                 |                              |                      |                 |                                                                                                                                               | 0                                    |
|                                                         | стт рарт 11 гОр                                       | FOP COLITMM                                                                                                                              | риотталован (п)                                                                                                                                                                                 | נו                           |                      |                 | Sched                                                                                                                                         | Schedule F (Form 990) 2017           |

SEE PART V FOR COLUMN (D) DESCRIPTIONS 32

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| Page 2                |                                                              | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |                |                |                 |                    |                |                |                   | FMV                |                 |                |                   | FMV                    |                 |                |                   | FMV                    |                |                |                 |                    |                 |                |                   | FMV                |                 |                |                   | FMV                    |                |                |               |                        |                 |                |                   | FMV                |
|-----------------------|--------------------------------------------------------------|-------------------------------------------------------------|----------------|----------------|-----------------|--------------------|----------------|----------------|-------------------|--------------------|-----------------|----------------|-------------------|------------------------|-----------------|----------------|-------------------|------------------------|----------------|----------------|-----------------|--------------------|-----------------|----------------|-------------------|--------------------|-----------------|----------------|-------------------|------------------------|----------------|----------------|---------------|------------------------|-----------------|----------------|-------------------|--------------------|
|                       | (1)                                                          | (h) Description<br>of non-cash<br>assistance                |                |                |                 |                    | PROGRAM TRAVEL | INCLUDING      | FLIGHTS, LODGING, | 541. AND EVENTS.   | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | 15,139.AND EVENTS.     | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | 140.AND EVENTS.        |                |                |                 |                    | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | ,473.AND EVENTS.   | PROGRAM TRAVEL, | G              | FLIGHTS, LODGING, | AND EVENTS.            |                |                |               |                        | PROGRAM TRAVEL, |                | FLIGHTS, LODGING, | 672. AND EVENTS.   |
| 86-0726985            | 90), Part II, line                                           | <b>(g)</b> Amount of<br>non-cash<br>assistance              |                |                |                 | 0.                 |                |                |                   | 541.               |                 |                |                   | 15,139.                |                 |                |                   | 140.                   |                |                |                 | 0.                 |                 |                |                   | 63,473.            |                 |                |                   | 27,581.                |                |                |               | 0.                     |                 |                |                   | 8,672.             |
| 86-07                 | (Schedule F (Form 990), Part II, line 1)                     | (f) Manner of<br>cash disbursement                          |                |                |                 | WIRE               |                |                |                   | WIRE               |                 |                |                   | WIRE                   |                 |                |                   | WIRE                   |                |                |                 | TRE                |                 |                |                   | WIRE               |                 |                |                   | WIRE                   |                |                |               | WIRE                   |                 |                |                   | WIRE               |
| ONAL                  | United States. (                                             | (e) Amount<br>of cash grant                                 |                |                |                 | 29_033 <b>.</b> W  |                |                |                   | 27,703.W           |                 |                |                   | 24,598. <mark>W</mark> |                 |                |                   | 18,536. <mark>W</mark> |                |                |                 | 9,715.WIRE         |                 |                |                   | 72,307 <b>.</b> W  |                 |                |                   | 32,236. <mark>W</mark> |                |                |               | 10,949. <mark>W</mark> |                 |                |                   | 10,949.M           |
| ATION INTERNATIONAL   | ations or Entities Outside the United States.                | <b>(d)</b> Purpose of<br>grant                              | ПО ЗПРРОВТ ТНЕ | MISSION OF THE | ORGANIZATION    | GRANTING WISHES TO | TO SUPPORT THE | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO     | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO     | TO SUPPORT THE | MISSION OF THE | ORGANIZATION,   | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO     | TO SUPPORT THE | MISSION OF THE | ORGANIZATION, | GRANTING WISHES TO     | TO SUPPORT THE  | MISSION OF THE |                   | GRANTING WISHES TO |
| MAKE-A-WISH FOUNDATI  | Continuation of Grants and Other Assistance to Organizations | (c) Region                                                  |                |                | EAST ASIA & THE |                    |                |                | EAST ASIA & THE   | PACIFIC            |                 |                | EAST ASIA & THE   | PACIFIC                |                 |                | EAST ASIA & THE   | PACIFIC                |                |                | EAST ASIA & THE | PACIFIC            |                 |                |                   | EUROPE             |                 |                |                   | EUROPE                 |                |                |               | EUROPE                 |                 |                |                   | EUROPE             |
| MAKE-                 | Grants and Other                                             | (b) IRS code section<br>and EIN (if applicable)             |                |                |                 |                    |                |                |                   |                    |                 |                |                   |                        |                 |                |                   |                        |                |                |                 |                    |                 |                |                   |                    |                 |                |                   |                        |                |                |               |                        |                 |                |                   |                    |
| Schedule F (Form 990) | Part II Continuation of                                      | <b>1</b><br>(a) Name of organization                        |                |                |                 |                    |                |                |                   |                    |                 |                |                   |                        |                 |                |                   |                        |                |                |                 |                    |                 |                |                   |                    |                 |                |                   |                        |                |                |               |                        |                 |                |                   |                    |

04-01-17

| Schedule F (Form 990)                | MAKE-                                           | MAKE-A-WISH FOUNDATI  | DATION INTERNATIONAL                                                                                | ONAL                               | 86-0726985                            | 26985                                          |                                              | Page 2                                                      |
|--------------------------------------|-------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| Part II Continuation o               | of Grants and Other                             | Assistance to Organiz | Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. | United States.                     | (Schedule F (Form 990), Part II, line | 90), Part II, line                             | 1)                                           |                                                             |
| <b>1</b><br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region            | <b>(d)</b> Purpose of grant                                                                         | <b>(e)</b> Amount<br>of cash grant | (f) Manner of<br>cash disbursement    | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 10,793.W                           | WIRE                                  | 0.                                             |                                              |                                                             |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                | PROGRAM TRAVEL,                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                | INCLUDING                                    |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                | FLIGHTS, LODGING,                            |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 115,169.W                          | WIRE                                  | 6,977.                                         | 977. AND EVENTS.                             | FMV                                                         |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 97,386.WIRE                        | ITRE                                  | 0.                                             |                                              |                                                             |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                | PROGRAM TRAVEL,                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                | INCLUDING                                    |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                | FLIGHTS, LODGING,                            |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 75,108.W                           | WIRE                                  | 66,679.                                        | AND EVENTS.                                  | FMV                                                         |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                | PROGRAM TRAVEL,                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                | INCLUDING                                    |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                | FLIGHTS, LODGING,                            |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 51,785.W                           | WIRE                                  | 166,056.                                       | AND EVENTS.                                  | FMV                                                         |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                | PROGRAM TRAVEL,                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                | INCLUDING                                    |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                | FLIGHTS, LODGING,                            |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 21,107.W                           | WIRE                                  | 38,812.                                        | .AND EVENTS.                                 | FMV                                                         |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 2,239.W                            | WIRE                                  | 0.                                             |                                              |                                                             |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                | PROGRAM TRAVEL,                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                | INCLUDING                                    |                                                             |
|                                      |                                                 |                       | ORGANIZATION,                                                                                       |                                    |                                       |                                                | FLIGHTS, LODGING,                            |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 26,120.W                           | WIRE                                  | 62,245.                                        | 62,245.AND EVENTS.                           | FMV                                                         |
|                                      |                                                 |                       | TO SUPPORT THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       | MISSION OF THE                                                                                      |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 |                       |                                                                                                     |                                    |                                       |                                                |                                              |                                                             |
|                                      |                                                 | EUROPE                | GRANTING WISHES TO                                                                                  | 10,514.WIRE                        | IIRE                                  | .0                                             |                                              |                                                             |

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| Page 2                                                                                                                                                                                                  |                                | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |                 |                |                   | FMV                |                |                |               |                    |                 |                |                   | FMV                |                |                |               |                    |                |                |               |                    |                 |                |                   | FMV                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------|-----------------|----------------|-------------------|--------------------|----------------|----------------|---------------|--------------------|-----------------|----------------|-------------------|--------------------|----------------|----------------|---------------|--------------------|----------------|----------------|---------------|--------------------|-----------------|----------------|-------------------|--------------------|-----------------|----------------|-------------------|--------------------|-----------------|----------------|-------------------|--------------------|-----------------|----------------|-------------------|--------------------|
| (Form 990) MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985<br>Continuation of Grants and Other Assistance to Occanizations or Entities Outside the United States (Scheduld E (Form 990) Part II line 1) | 1)                             | (h) Description<br>of non-cash<br>assistance                | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | TS.                |                |                |               |                    | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | 731. AND EVENTS.   |                |                |               |                    |                |                |               |                    | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | AND EVENTS.        | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, |                    | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | AND EVENTS.        | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | 708. AND EVENTS.   |
|                                                                                                                                                                                                         | 90), Part II, line             | <b>(g)</b> Amount of<br>non-cash<br>assistance              |                 |                |                   | 45,522.            |                |                |               | .0                 |                 |                |                   | 51,731.            |                |                |               | .0                 |                |                |               | 0.                 |                 |                |                   | 4,443.             |                 |                |                   | 15,825.            |                 |                |                   | 1,179,828.         |                 |                |                   | 48,708.            |
|                                                                                                                                                                                                         | Schedule F (Form 9             | (f) Manner of<br>cash disbursement                          |                 |                |                   | TRE                |                |                |               | TRE                |                 |                |                   | TRE                |                |                |               | TRE                |                |                |               | IRE                |                 |                |                   | TRE                |                 |                |                   | WIRE               |                 |                |                   | WIRE               |                 |                |                   | TRE                |
|                                                                                                                                                                                                         | United States. (               | (e) Amount<br>of cash grant                                 |                 |                |                   | 18,473.WIRE        |                |                |               | 19,527.WIRE        |                 |                |                   | 30,628.WIRE        |                |                |               | 27,648.WIRE        |                |                |               | 8,850.WIRE         |                 |                |                   | 30,260.WIRE        |                 |                |                   | 9,877.W            |                 |                |                   | 109,071.W          |                 |                |                   | 25,058.WIRE        |
|                                                                                                                                                                                                         | ations or Entities Outside the | <b>(d)</b> Purpose of<br>grant                              | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE | MISSION OF THE | ORGANIZATION, | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE | MISSION OF THE | ORGANIZATION, | GRANTING WISHES TO | TO SUPPORT THE | MISSION OF THE | ORGANIZATION, | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO |
|                                                                                                                                                                                                         | Assistance to Organiz          | (c) Region                                                  |                 |                |                   | EUROPE             |                |                |               | EUROPE             |                 |                |                   | EUROPE             |                |                |               | EUROPE             |                |                |               | EUROPE             |                 |                | MIDDLE EAST &     | NORTH AFRICA       |                 |                | MIDDLE EAST &     | NORTH AFRICA       |                 |                |                   | NORTH AMERICA      |                 |                |                   | NORTH AMERICA      |
|                                                                                                                                                                                                         | Grants and Other               | (b) IRS code section<br>and EIN (if applicable)             |                 |                |                   |                    |                |                |               |                    |                 |                |                   |                    |                |                |               |                    |                |                |               |                    |                 |                |                   |                    |                 |                |                   |                    |                 |                |                   |                    |                 |                |                   |                    |
| Schedule F (Form 990)                                                                                                                                                                                   | Part II Continuation of        | 1<br>(a) Name of organization                               |                 |                |                   |                    |                |                |               |                    |                 |                |                   |                    |                |                |               |                    |                |                |               |                    |                 |                |                   |                    |                 |                |                   |                    |                 |                |                   |                    |                 |                |                   |                    |

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| Page 2                               |                                                                                        | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |                 |                |                   | FMV                |                 |                |                       | FMV                |                 |                |                   | FMV                |                |                |               |                    |                 |                |                   | FMV                |                |                |               |                    |                |                |               |                    |  |  |  |
|--------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------|----------------|-------------------|--------------------|-----------------|----------------|-----------------------|--------------------|-----------------|----------------|-------------------|--------------------|----------------|----------------|---------------|--------------------|-----------------|----------------|-------------------|--------------------|----------------|----------------|---------------|--------------------|----------------|----------------|---------------|--------------------|--|--|--|
|                                      | 1)                                                                                     | (h) Description<br>of non-cash<br>assistance                | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | AND EVENTS.        | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING,     |                    | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | 275. AND EVENTS.   |                |                |               |                    | PROGRAM TRAVEL, | INCLUDING      | FLIGHTS, LODGING, | AND EVENTS.        |                |                |               |                    |                |                |               |                    |  |  |  |
| 26985                                | 90), Part II, line                                                                     | (g) Amount of<br>non-cash<br>assistance                     |                 |                |                   | 36,904.            |                 |                |                       | 32,337.            |                 |                |                   | 5,275.             |                |                |               | 0.                 |                 |                |                   | 30,464.            |                |                |               | 0.                 |                |                |               | 0.                 |  |  |  |
| 86-0726985                           | Schedule F (Form 9                                                                     | (f) Manner of<br>cash disbursement                          |                 |                |                   | VIRE               |                 |                |                       | WIRE               |                 |                |                   | VIRE               |                |                |               | WIRE               |                 |                |                   | WIRE               |                |                |               | WIRE               |                |                |               | WIRE               |  |  |  |
| ONAL                                 | United States.                                                                         | (e) Amount<br>of cash grant                                 |                 |                |                   | 10,455.WIRE        |                 |                |                       | 51,846.            |                 |                |                   | 27,095.WIRE        |                |                |               | 8,115.             |                 |                |                   | 13,132.            |                |                |               | 457,201.           |                |                |               | 13,979.            |  |  |  |
| MAKE-A-WISH FOUNDATION INTERNATIONAL | nizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line | <b>(d)</b> Purpose of grant                                 | TO SUPPORT THE  | MISSION OF THE | DRGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | <b>DRGANIZATION</b> , | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | ORGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE | MISSION OF THE | DRGANIZATION, | GRANTING WISHES TO | TO SUPPORT THE  | MISSION OF THE | DRGANIZATION,     | GRANTING WISHES TO | TO SUPPORT THE | MISSION OF THE | DRGANIZATION, | GRANTING WISHES TO | TO SUPPORT THE | MISSION OF THE | ORGANIZATION, | GRANTING WISHES TO |  |  |  |
|                                      | Continuation of Grants and Other Assistance to Organizations                           | (c) Region                                                  |                 |                |                   | SOUTH AMERICA      |                 |                |                       | SOUTH AMERICA      |                 |                |                   | SOUTH AMERICA      |                |                |               | SOUTH AMERICA      |                 |                |                   | SOUTH AMERICA      |                |                |               | SOUTH ASIA         |                |                |               | SOUTH ASIA         |  |  |  |
| MAKE                                 | f Grants and Other                                                                     | (b) IRS code section<br>and EIN (if applicable)             |                 |                |                   |                    |                 |                |                       |                    |                 |                |                   |                    |                |                |               |                    |                 |                |                   |                    |                |                |               |                    |                |                |               |                    |  |  |  |
| Schedule F (Form 990)                | Part II Continuation of                                                                | 1<br>(a) Name of organization                               |                 |                |                   |                    |                 |                |                       |                    |                 |                |                   |                    |                |                |               |                    |                 |                |                   |                    |                |                |               |                    |                |                |               |                    |  |  |  |

| Page <b>3</b>                |                                                                                                                                                                                                               | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |  |  |  |  | Schedule F (Form 990) 2017 |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|--|--|--|----------------------------|
|                              | IV, line 16.                                                                                                                                                                                                  | <b>(g)</b> Description of<br>noncash assistance                |  |  |  |  | Schedt                     |
| 86-0726985                   | on Form 990, Part                                                                                                                                                                                             | (f) Amount of<br>noncash<br>assistance                         |  |  |  |  |                            |
|                              | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.<br>Part III can be duplicated if additional space is needed. | <b>(e)</b> Manner of<br>cash disbursement                      |  |  |  |  |                            |
| N INTERNATIONAL              | <b>ites.</b> Complete if                                                                                                                                                                                      | <b>(d)</b> Amount of cash grant                                |  |  |  |  |                            |
| OUNDATIO                     | le the United Sta<br>d.                                                                                                                                                                                       | <b>c)</b> Number of<br>recipients                              |  |  |  |  |                            |
| MAKE-A-WISH FOUNDATION       | e to Individuals Outsic<br>dditional space is neede                                                                                                                                                           | <b>(b)</b> Region                                              |  |  |  |  |                            |
| Schedule F (Form 990) 2017 M | Part III         Grants and Other Assistance to Individuals Outside           Part III can be duplicated if additional space is needed.                                                                       | (a) Type of grant or assistance                                |  |  |  |  |                            |

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# Schedule F (Form 990) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page 4 Part IV Foreign Forms Foreign Foreign Forms Foreign Forei

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)                                                                                                                                                              | Yes   | X No  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i> | Yes   | X No  |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)                                                                                                                                                | Yes   | X No  |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>                                                         | Yes   | X No  |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)                                                                                                                                                            | Yes   | X No  |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If<br>"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see<br>Instructions for Form 5713; don't file with Form 990)                                                                                                                                              | X Yes | No No |

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| Schedule F (Form 990) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page 5                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|
| Part V Supplemental Information                                                                                                       |
| Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of   |
| investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) |
| (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.     |
| PART I, LINE 2:                                                                                                                       |
| MAKE-A-WISH FOUNDATION INTERNATIONAL (INTERNATIONAL) IS COMMITTED TO                                                                  |
| SUPPORTING AFFILIATES' DETERMINATION FOR LONG TERM SUSTAINABILITY.                                                                    |
| INTERNATIONAL ACCEPTS GRANT APPLICATIONS OR ASSISTANCE REQUESTS FROM                                                                  |
| AFFILIATES FOR FUNDING THAT HELPS TO BUILD CAPACITY INTO THEIR                                                                        |
| ORGANIZATION, SPECIFICALLY IN REGARD TO PROGRAM SERVICES. THESE GRANT                                                                 |
| AND ASSISTANCE OPPORTUNITIES ARE AVAILABLE FOR AFFILIATES WHO DEMONSTRATE                                                             |
| AN OPERATIONAL AND FINANCIAL NEED. A GRANT APPLICATION OR REQUEST IS                                                                  |
| SUBMITTED TO A COMMITTEE/GROUP FOR REVIEW AND POTENTIAL APPROVAL.                                                                     |
| PROPOSALS MUST DEMONSTRATE, QUANTITATIVELY AND QUALITATIVELY, A CLEAR                                                                 |
| NEED FOR RESOURCES TO ASSIST IN THE GROWTH AND SUSTAINABILITY OF PROGRAM                                                              |
| SERVICES. ANNUAL REPORTS AND/OR REVIEW MEETINGS PROVIDE PROJECT UPDATES,                                                              |
| CHALLENGES, SUCCESSES, AND FUNDING STATUS. RECORDS ARE MAINTAINED TO                                                                  |
| SUBSTANTIATE THE AMOUNT OF GRANT OR ASSISTANCE, ELIGIBILITY DETAILS,                                                                  |
| SELECTION PROCESS, AND REPORTING REQUIREMENTS.                                                                                        |
|                                                                                                                                       |

PART I, LINE 3:

THE ORGANIZATION'S ACCRUAL METHOD OF ACCOUNTING USED FOR THEIR FINANCIAL REPORTING HAS ALSO BEEN USED FOR THE PREPARATION OF THIS INFORMATION.

PART II, COLUMN (D):

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REGION: CENTRAL AMERICA & CARIBBEAN

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

# REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

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14540715 099347 038-00042400 2017.06000 MAKE-A-WISH FOUNDATION INTE 038-0P01

#### Schedule F (Form 990) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL

Part V Supplemental Information

MARE A WISH FOODATION INTERNATIONAL

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

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Schedule F (Form 990) 2017

14540715 099347 038-00042400 2017.06000 MAKE-A-WISH FOUNDATION INTE 038-0P01

#### Schedule F (Form 990) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726

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# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

## (D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: EAST ASIA & THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

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# Schedule F (Form 990) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: EUROPE** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: EUROPE** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

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#### Schedule F (Form 990) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL 86-07

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

#### **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

#### GRANTING WISHES TO CRITICALLY ILL CHILDREN.

# **REGION: EUROPE**

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

732075 10-06-17

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: EUROPE** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: EUROPE** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: MIDDLE EAST & NORTH AFRICA

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: MIDDLE EAST & NORTH AFRICA** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: NORTH AMERICA** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: SOUTH AMERICA** 

732075 10-06-17

#### Schedule F (Form 990) 2017 MAKE-A-WISH FOUNDATION INTERNATIONAL

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

## (D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: SOUTH AMERICA** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: SOUTH AMERICA** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

**REGION: SOUTH ASIA** 

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: TO SUPPORT THE MISSION OF THE ORGANIZATION,

GRANTING WISHES TO CRITICALLY ILL CHILDREN.

732075 10-06-17

Schedule F (Form 990) 2017

| SCHEDULE I<br>(Form 990)                                |                                                                                                                                                                                                                                                                       | C GO                                   | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br><sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup> | er Assistand<br>d Individual<br>answered "Yes"                                                         | ce to Organ<br>s in the Uni<br>on Form 990, Pa | lizations,<br>ted States<br>rt IV, line 21 or 22.              |                                       | OMB No. 1545-0047                            |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service  |                                                                                                                                                                                                                                                                       |                                        | Go to www.irs                                                                                                                                                                                     | <ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul> | n 990.<br>· the latest inforn                  | nation.                                                        |                                       | Open to Public<br>Inspection                 |
| Name of the organization                                | ation<br>MAKE-A-WISH                                                                                                                                                                                                                                                  | SH FOUNDATION                          | TION INTERN                                                                                                                                                                                       | TERNATIONAL                                                                                            |                                                |                                                                |                                       | Employer identification number<br>86-0726985 |
| Part I General I                                        | General Information on Grants and Assistance                                                                                                                                                                                                                          | ind Assistance                         |                                                                                                                                                                                                   |                                                                                                        |                                                |                                                                |                                       |                                              |
| 1 Does the organ                                        | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection                                                                                              | to substantiate th                     | e amount of the grants                                                                                                                                                                            | or assistance, the                                                                                     | grantees' eligibilit                           | y for the grants or ass                                        | istance, and the select               |                                              |
|                                                         | criteria used to award the grants or assistance?                                                                                                                                                                                                                      | stance?                                |                                                                                                                                                                                                   |                                                                                                        |                                                |                                                                |                                       | X Yes No                                     |
| ΩН                                                      | Describe in Part IV the organization's procedures for monitoring the use                                                                                                                                                                                              | ocedures for mon                       | toring the use of grant                                                                                                                                                                           | of grant tunds in the United States.                                                                   | l States.                                      |                                                                | -<br>-<br>-<br>-<br>-                 |                                              |
| recipient:                                              | 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 | Bomestic Organ<br>\$5.000. Part II car | izations and Domestic<br>be duplicated if additi                                                                                                                                                  | <b>c Governments.</b> Co<br>onal space is need                                                         | omplete if the org<br>ed.                      | anization answered "Y                                          | es" on Form 990, Part                 | IV, line 21, for any                         |
| <b>1 (a)</b> Name and <i>i</i> or gr                    | <b>1 (a)</b> Name and address of organization or government                                                                                                                                                                                                           | ( <b>p</b> ) EIN                       | (c) IRC section<br>(if applicable)                                                                                                                                                                | <b>(d)</b> Amount of<br>cash grant                                                                     | <b>(e)</b> Amount of non-cash assistance       | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance        |
| MAW AMERICA<br>4742 N 24TH STREET,<br>PHOENIX, AZ 85016 | BET, SUITE 400<br>L6                                                                                                                                                                                                                                                  | 86-0481941                             | 501(C)(3)                                                                                                                                                                                         | 130,567.                                                                                               | 0.                                             | A/N                                                            | ₩/W                                   | PROGRAM SERVICES                             |
|                                                         |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                                                                                   |                                                                                                        |                                                |                                                                |                                       |                                              |
|                                                         |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                                                                                   |                                                                                                        |                                                |                                                                |                                       |                                              |
|                                                         |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                                                                                   |                                                                                                        |                                                |                                                                |                                       |                                              |
|                                                         |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                                                                                   |                                                                                                        |                                                |                                                                |                                       |                                              |
|                                                         |                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                                                                                   |                                                                                                        |                                                |                                                                |                                       |                                              |
| 2 Enter total num                                       | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table                                                                                                                                                                       | ind government o                       | rganizations listed in the                                                                                                                                                                        | e line 1 table                                                                                         |                                                |                                                                |                                       | •                                            |
|                                                         | Enter total number of other organizations listed in the line 1 table                                                                                                                                                                                                  | s listed in the line                   | 1 table                                                                                                                                                                                           |                                                                                                        |                                                |                                                                |                                       | 0                                            |
| LHA For Paperwor                                        | For Paperwork Reduction Act Notice, see the Instructions for Form                                                                                                                                                                                                     | , see the Instruct                     | tions for Form 990.                                                                                                                                                                               |                                                                                                        |                                                |                                                                |                                       | Schedule I (Form 990) (2017)                 |

732101 11-01-17

| Schedule I (Form 990) (2017) MAKE - A-WISH FOU                                                                                                                                                                        | FOUNDATION                 | INTERNATIONAL               | NAL                                   |                                                          | 86-0726985 Page 2                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|---------------------------------------|----------------------------------------------------------|---------------------------------------|
| Part III       Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22         Part III       can be duplicated if additional space is needed. | s. Complete if the         | organization answe          | sred "Yes" on Form 9                  | 90, Part IV, line 22.                                    |                                       |
| (a) Type of grant or assistance                                                                                                                                                                                       | (b) Number of recipients   | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|                                                                                                                                                                                                                       |                            |                             |                                       |                                                          |                                       |
|                                                                                                                                                                                                                       |                            |                             |                                       |                                                          |                                       |
|                                                                                                                                                                                                                       |                            |                             |                                       |                                                          |                                       |
|                                                                                                                                                                                                                       |                            |                             |                                       |                                                          |                                       |
|                                                                                                                                                                                                                       |                            |                             |                                       |                                                          |                                       |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.                                                                     | l<br>quired in Part I, lin | e 2; Part III, column       | (b); and any other ac                 | lditional information.                                   |                                       |
| PART I, LINE 2:                                                                                                                                                                                                       |                            |                             |                                       |                                                          |                                       |
| MAKE-A-WISH FOUNDATION INTERNATIONAL                                                                                                                                                                                  | $\sim$                     | INTERNATIONAL)              | IS COMMITTED                          | ГЕД ТО                                                   |                                       |
| SUPPORTING AFFILIATES' DETERMINATION                                                                                                                                                                                  |                            | FOR LONG TERM S             | SUSTAINABILITY.                       | ITY.                                                     |                                       |
| INTERNATIONAL ACCEPTS GRANT APPLIC                                                                                                                                                                                    | APPLICATIONS OR            |                             | ASSISTANCE REQUESTS                   | S FROM                                                   |                                       |
| AFFILIATES FOR FUNDING THAT HELPS                                                                                                                                                                                     | TO BUILD                   | BUILD CAPACITY              | INTO THEIR                            |                                                          |                                       |
| ORGANIZATION, SPECIFICALLY IN REGARD                                                                                                                                                                                  |                            | TO PROGRAM SERVICES.        |                                       | THESE GRANT AND                                          |                                       |
| ASSISTANCE OPPORTUNITIES ARE AVAILABLE                                                                                                                                                                                | ABLE FOR                   | AFFILIATES WHO              |                                       | DEMONSTRATE AN                                           |                                       |
| OPERATIONAL AND FINANCIAL NEED. A                                                                                                                                                                                     | GRANT                      | APPLICATION OR              | OR REQUEST                            | r IS                                                     |                                       |
| SUBMITTED TO A COMMITTEE/GROUP FOR                                                                                                                                                                                    | REVIEW                     | AND POTENT                  | REVIEW AND POTENTIAL APPROVAL.        | AL.                                                      |                                       |
| 732102 11-01-17                                                                                                                                                                                                       |                            | 47                          |                                       |                                                          | Schedule I (Form 990) (2017)          |

| Schedule I | (Form 990)       | MAKE-A-WI   | SH FOUNI | DATION IN | ITERNATIC | NAL        | 86-0726985 | Page <b>2</b> |
|------------|------------------|-------------|----------|-----------|-----------|------------|------------|---------------|
| Part IV    | Supplemental Inf | formation   |          |           |           |            |            |               |
| PROPOS     | SALS MUST DEN    | IONSTRATE,  | QUANTITA | ATIVELY A | AND QUALI | TATIVELY   | , A CLEAR  | NEED          |
| FOR RI     | ESOURCES TO A    | ASSIST IN T | HE GROWI | TH AND SU | JSTAINABI | LITY OF    | PROGRAM    |               |
| SERVI      | CES. ANNUAL      | REPORTS AN  | D/OR REV | JIEW MEED | TINGS PRO | VIDE PRO   | JECT UPDAI | ES,           |
| CHALLI     | ENGES, SUCCES    | SSES, AND F | UNDING S | STATUS.   | RECORDS   | ARE MAIN   | TAINED TO  |               |
| SUBST      | ANTIATE THE A    | MOUNT OF G  | RANT OR  | ASSISTAN  | NCE, ELIC | SIBILITY 1 | DETAILS,   |               |
| SELEC      | TION PROCESS     | AND REPOR   | TING REC | DUIREMENT | rs.       |            |            |               |

Schedule I (Form 990)

732291 04-01-17

| SC     | HEDULE J              | Compensation Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1          | OMB No.             | 1545-00        | 47     |
|--------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|----------------|--------|
| (Fo    | rm 990)               | For certain Officers, Directors, Trustees, Key Employees, and Highest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 20                  | 17             | /      |
|        |                       | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | LU                  |                |        |
| Depa   | tment of the Treasury | Attach to Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Open to             |                |        |
| Intern | al Revenue Service    | ► Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Inspe               |                |        |
| Nan    | ne of the organizatio |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Employer i |                     |                | mber   |
|        |                       | MAKE-A-WISH FOUNDATION INTERNATIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 86-0       | 72698               | 5              |        |
| Pa     | rt I Question         | s Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                     |                |        |
|        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                     | Yes            | No     |
| 1a     |                       | iate box(es) if the organization provided any of the following to or for a person listed on Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ו 990,     |                     |                |        |
|        |                       | line 1a. Complete Part III to provide any relevant information regarding these items.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                     |                |        |
|        | First-class or o      | , j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                     |                |        |
|        | Travel for com        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                     |                |        |
|        |                       | cation and gross-up payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                     |                |        |
|        | Discretionary         | spending account Personal services (such as, maid, chauffe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ur, chef)  |                     |                |        |
|        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                     |                |        |
| b      |                       | on line 1a are checked, did the organization follow a written policy regarding payment or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                     |                |        |
| ~      |                       | provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | 1b                  |                |        |
| 2      | -                     | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                     |                |        |
|        | trustees, and office  | rs, including the CEO/Executive Director, regarding the items checked on line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | 2                   |                |        |
| 2      | Indianta which if a   | ny, of the following the filing organization used to establish the compensation of the organiz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ation 'a   |                     |                |        |
| 3      | ,                     | ector. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat |            |                     |                |        |
|        |                       | ation of the CEO/Executive Director, but explain in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .1011 10   |                     |                |        |
|        | X Compensation        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                     |                |        |
|        |                       | compensation consultant $X$ Compensation survey or study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                     |                |        |
|        | X Form 990 of o       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | committee  |                     |                |        |
|        |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Johnnittee |                     |                |        |
| 4      | During the year, did  | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                     |                |        |
| ·      | organization or a re  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                     |                |        |
| а      | 0                     | e payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | 4a                  |                | X      |
| b      |                       | ceive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | ····                |                | X      |
|        |                       | ceive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                     |                | X      |
| -      |                       | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                     |                |        |
|        | 2                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                     |                |        |
|        | Only section 501(     | :)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                     |                |        |
| 5      |                       | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on         |                     |                |        |
|        | contingent on the r   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                     |                |        |
| а      | The organization?     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | 5a                  | _              | Х      |
| b      | Any related organiz   | ation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                     |                | Х      |
|        |                       | or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                     |                |        |
| 6      | For persons listed    | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | on         |                     |                |        |
|        | contingent on the r   | net earnings of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                     |                |        |
| а      | The organization?     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | 6a                  |                | X      |
|        |                       | ation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                     |                | X      |
|        | If "Yes" on line 6a   | or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                     |                |        |
| 7      | -                     | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                     |                |        |
|        |                       | nes 5 and 6? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | 7                   | Х              |        |
| 8      |                       | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                     |                |        |
|        | initial contract exce | ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | 8                   |                | X      |
| 9      |                       | id the organization also follow the rebuttable presumption procedure described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                     |                |        |
|        |                       | ז 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u></u>    | 9                   |                |        |
| LHA    | For Paperwork R       | eduction Act Notice, see the Instructions for Form 990.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sched      | ule <b>J (Fo</b> rn | n <b>990</b> ) | ) 2017 |

732111 10-17-17

| Schedule J (Form 990) 2017 MAKE-A-WISH                                                                                                                                                                                                                                        | 1-A-            |                                       | FOUNDATION INTERNATIONAL                           | <b>ERNATIONAL</b>                         | 86-0726985                     | 985                     |                          | Page 2                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|----------------------------------------------------|-------------------------------------------|--------------------------------|-------------------------|--------------------------|------------------------------------------------------------|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed                                                                                                                                   | mplo            | yees, and Highest (                   | Compensated Emp                                    | oloyees. Use duplica                      | ate copies if additional s     | space is needed.        |                          |                                                            |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. | oe rep<br>orm 9 | oorted on Schedule ,<br>90, Part VII. | J, report compense                                 | tion from the organi                      | zation on row (i) and fro      | om related organizatior | ns, described in the ins | tructions, on row (ii).                                    |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.                                                                            | ed inc          | dividual must equal tl                | he total amount of                                 | Form 990, Part VII, S                     | section A, line 1a, appli      | cable column (D) and (  | E) amounts for that inc  | lividual.                                                  |
|                                                                                                                                                                                                                                                                               |                 | (B) Breakdown of \                    | (B) Breakdown of W-2 and/or 1099-MISC compensation | ISC compensation                          | (C) Retirement and             | (D) Nontaxable          | (E) Total of columns     | (F) Compensation                                           |
| (A) Name and Title                                                                                                                                                                                                                                                            |                 | (i) Base<br>compensation              | (ii) Bonus &<br>incentive<br>compensation          | (iii) Other<br>reportable<br>compensation | other deterred<br>compensation | Denents                 | (a)-(i)(a)               | in column (b)<br>reported as deferred<br>on prior Form 990 |
| (1) JON STETTNER                                                                                                                                                                                                                                                              | (i)             | 220,455.                              | .0                                                 | 0                                         | 11,741.                        | 13,897.                 | 246,093.                 | .0                                                         |
| PRESIDENT & CEO                                                                                                                                                                                                                                                               |                 | •0                                    | .0                                                 |                                           |                                |                         | 0                        | .0                                                         |
| (2) PETER FINLEY                                                                                                                                                                                                                                                              | E               | 153,710.                              | .0                                                 |                                           | 7,332.                         | 6,941.                  | 167,983.                 | •0                                                         |
| VICE PRESIDENT & COO                                                                                                                                                                                                                                                          | (ii)            |                                       | .0                                                 |                                           |                                |                         |                          | • 0                                                        |
| (3) JOHN VRANAS                                                                                                                                                                                                                                                               | (i)             | 147,400.                              | •0                                                 |                                           | 4,517.                         | 13,89                   | 165,814.                 | •0                                                         |
| VP CHIEF DEVELOPMENT & MARKETING OFF (ii)                                                                                                                                                                                                                                     | (ii)            | •0                                    | 0                                                  | 0                                         | 0.                             | .0                      | .0                       | •0                                                         |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (i)             |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (i)             |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ē               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | <u>(</u>        |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ξ               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | Ē               |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (i)             |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               | (ii)            |                                       |                                                    |                                           |                                |                         |                          |                                                            |
|                                                                                                                                                                                                                                                                               |                 |                                       |                                                    | C R                                       |                                |                         | Schedu                   | Schedule J (Form 990) 2017                                 |

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| Schedule J (Form 990) 2017 MAKE - A-WISH FOUNDATION INTERNATIONAL                                                                                                                                          | 86-0726985 Page 3                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | part for any additional information. |
| PART I, LINE 7:                                                                                                                                                                                            |                                      |
| THE FOUNDATION HAS A BONUS/INCENTIVE PLAN BASED UPON GOALS SET PRIOR TO THE                                                                                                                                |                                      |
| PERIOD IN WHICH THE COMPENSATION IS EARNED. THE FOUNDATION'S MANAGEMENT                                                                                                                                    |                                      |
| MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS REGARDING THE ATTAINMENT OF                                                                                                                                |                                      |
| THESE GOALS. AFTER CONSIDERING SUCH RECOMMENDATIONS, THE BOARD OF                                                                                                                                          |                                      |
| DIRECTORS MAKES EACH OF THE DETERMINATIONS REQUIRED BASED ON SEVERAL                                                                                                                                       |                                      |
| FACTORS, SUCH AS TOTAL POTENTIAL AWARD AND ALLOCATION BASED ON ORGANIZATION                                                                                                                                |                                      |
| GOALS AND INDIVIDUAL GOALS, PERFORMANCE, ETC. FOR EACH PLAN YEAR. THE                                                                                                                                      |                                      |
| BOARD OF DIRECTORS HAS THE SOLE DISCRETION TO MAKE ALL SUCH DETERMINATIONS                                                                                                                                 |                                      |
| AND DECISIONS.                                                                                                                                                                                             |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                            | Schedule J (Form 990) 2017           |

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| SCHE  | DULE | Μ |
|-------|------|---|
| (Form | 990) |   |

# **Noncash Contributions**

OMB No. 1545-0047

Employer identification number 86-0726985

21

| Department of the Treasury |  |
|----------------------------|--|
| Internal Revenue Service   |  |

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

**Open To Public** Inspection

Name of the organization

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

# MAKE-A-WISH FOUNDATION INTERNATIONAL

| Pa  | rt I Types of Property                             |                                      | -                                                         |                                                              |              |            |                                      |     |     |    |
|-----|----------------------------------------------------|--------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------|--------------|------------|--------------------------------------|-----|-----|----|
|     |                                                    | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contri<br>amounts report<br>Form 990, Part VI | ted on       | 1          | (d)<br>Method of de<br>cash contribu |     | •   | s  |
| 1   | Art - Works of art                                 |                                      |                                                           |                                                              | .,           |            |                                      |     |     |    |
| 2   | Art - Historical treasures                         |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 3   | Art - Fractional interests                         |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 4   | Books and publications                             |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 5   | Clothing and household goods                       |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 6   | Cars and other vehicles                            |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 7   | Boats and planes                                   |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 8   | Intellectual property                              |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 9   | Securities - Publicly traded                       | Х                                    | 1                                                         | 1                                                            | ,198.        | FMV        |                                      |     |     |    |
| 10  | Securities - Closely held stock                    |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 11  | Securities - Partnership, LLC, or                  |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
|     | trust interests                                    |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 12  | Securities - Miscellaneous                         |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 13  | Qualified conservation contribution -              |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
|     | Historic structures                                |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 14  | Qualified conservation contribution - Other        |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 15  | Real estate - Residential                          |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 16  | Real estate - Commercial                           |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 17  | Real estate - Other                                |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 18  | Collectibles                                       |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 19  | Food inventory                                     |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 20  | Drugs and medical supplies                         |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 21  | Taxidermy                                          |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 22  | Historical artifacts                               |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 23  | Scientific specimens                               |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 24  | Archeological artifacts                            |                                      |                                                           | 1 1 0 0                                                      |              |            |                                      |     |     |    |
| 25  | Other ( GOODS )                                    | X                                    | 283                                                       | 1,490                                                        | <u>,039.</u> | FAIR       | MARKET                               | VA. | LUE |    |
| 26  | Other ( AIRLINE MILES )                            | Х                                    | 425                                                       | 726                                                          | ,592.        | FAIR       | MARKET                               | VA. | LUE |    |
| 27  | Other ()                                           |                                      |                                                           |                                                              |              | ļ          |                                      |     |     |    |
| 28  | Other 🕨 ( )                                        |                                      |                                                           |                                                              |              |            |                                      |     |     |    |
| 29  | Number of Forms 8283 received by the organiz       |                                      |                                                           |                                                              |              |            |                                      |     | 0   |    |
|     | for which the organization completed Form 828      | 33, Part IV, I                       | Donee Acknowled                                           | gement                                                       | 29           |            |                                      |     | 0   |    |
| ~~  |                                                    |                                      |                                                           |                                                              |              |            |                                      |     | Yes | No |
| 30a | During the year, did the organization receive by   |                                      |                                                           |                                                              |              |            | at it                                |     |     |    |
|     | must hold for at least three years from the date   |                                      |                                                           |                                                              |              |            |                                      |     |     | v  |
|     | exempt purposes for the entire holding period?     | ·                                    |                                                           |                                                              |              |            |                                      | 30a |     | X  |
|     | If "Yes," describe the arrangement in Part II.     | a li a calla a tamén                 |                                                           | -f                                                           | -الاستعام ام | ution of C |                                      |     | x   |    |
| 31  | Does the organization have a gift acceptance p     |                                      |                                                           |                                                              |              |            |                                      | 31  | ^   |    |
| 32a | Does the organization hire or use third parties of |                                      | -                                                         |                                                              |              |            |                                      | 20- |     | х  |
| Ŀ   | contributions?                                     |                                      |                                                           |                                                              |              |            |                                      | 32a |     | 17 |
| a   | If "Yes," describe in Part II.                     |                                      |                                                           |                                                              |              |            |                                      |     |     |    |

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

732141 09-07-17

| Schedule M (Form 990) 2017 | MAKE-A-WISH | FOUNDATION | INTERNATIONAL |  |
|----------------------------|-------------|------------|---------------|--|
|----------------------------|-------------|------------|---------------|--|

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

SCHEDULE M, PART I, COLUMN (B):

# BASED ON THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

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



MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number 86-0726985

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE INCLUDES THE VOTING OFFICERS OF THE ORGANIZATION AND THE CHIEF EXECUTIVE OFFICER. THE COMMITTEE'S SCOPE IS TO ASSIST THE INTERNATIONAL BOARD IN FULFILLING ITS STRATEGIC RESPONSIBILITIES AND TO

ADDRESS AND DEVELOP DISCUSSION ON STRATEGIC ISSUES.

FORM 990, PART VI, SECTION A, LINE 6:

THE FOUNDATION HAS AFFILIATE MEMBERS. AN AFFILIATE IS AN "ELIGIBLE AFFILIATE" IF SUCH AFFILIATE (I) IS NOT A PROVISIONAL AFFILIATE, (II) IS NOT ON AFFILIATE RESTRUCTURING STATUS (AS DEFINED IN THE AFFILIATION AND LICENSING AGREEMENT) AND, (III) HAS NOT FAILED TO CURE AN AFFILIATE BREACH (AS DEFINED IN THE AFFILIATION AND LICENSING AGREEMENT) UPON WRITTEN NOTICE THEREOF FROM THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

14540715 099347 038-00042400

AFFILIATE COUNCIL IS COMPRISED OF AFFILIATE MEMBERS. AN ACTION OF THE AFFILIATE COUNCIL SHALL BE DETERMINED BY A MAJORITY OF THE VOTES OF DELEGATES OF ELIGIBLE AFFILIATES VOTING AT A MEETING OF THE AFFILIATE COUNCIL AT WHICH A QUORUM IS PRESENT, EXCEPT AS IS OTHERWISE PROVIDED IN THE ARTICLES OF INCORPORATION OR IN THE FOUNDATION'S BYLAWS.

A MINIMUM OF 7 AND A MAXIMUM OF 13 GOVERNING BODY MEMBERS (BOARD OF DIRECTORS) ARE REQUIRED TO BE MEMBERS FROM THE AFFILIATE COUNCIL. THESE MEMBERS ARE RESPONSIBLE FOR APPOINTING ONE OR MORE MEMBERS OF THE GOVERNING BODY (UP TO 13 BOARD OF DIRECTORS). Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

FORM 990, PART VI, SECTION A, LINE 7B:

THE AFFILIATE COUNCIL HAS THE FOLLOWING RIGHTS:

- APPROVE THE FOUNDATION'S FINANCIAL STATEMENTS, INCLUDING THE RIGHT TO

REVIEW THE FOUNDATION'S BUDGET AT THE ANNUAL MEETING;

- DETERMINE, APPROVE, AND LEVY UPON AFFILAITES FEES AND ASSESSMENTS;

- ELECT AFFILIATE MEMBERS OF THE NOMINATING COMMITTEE;

- AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE FOUNDATION AND THE RIGHT TO AMEND THE AFFILIATION AND LICENSING AGREEMENT OF ALL EXISTING AND FUTURE AFFILIATES, SUBJECT TO SPECIFIC APPROVAL.

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

THE AUDIT, FINANCE AND INVESTMENT COMMITTEE ASSISTS THE INTERNATIONAL BOARD OF DIRECTORS IN FULFILLING ITS RESPONSIBILITIES RELATING TO OVERSIGHT OF THE FOUNDATION'S FINANCIAL STATEMENTS, FINANCIAL REPORTING PROCESS, SYSTEMS OF INTERNAL ACCOUNTING AND FINANCIAL CONTROLS, ANNUAL INDEPENDENT AUDIT, AND RISK MANAGEMENT PROCESSES. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 TAX RETURN AFTER THE AUDIT, FINANCE, AND INVESTMENT COMMITTEE HAS COMPLETED THEIR REVIEW PROCESS.

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

ALL EMPLOYEES AND VOLUNTEERS ARE REQUIRED TO COMPLY WITH OUR CONFLICT OF INTEREST AND ETHICS STATEMENT, WHICH IS REVIEWED AS NEW RELATIONSHIPS ARE ESTABLISHED.

ANNUALLY THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST AND ETHICS STATEMENT IN WHICH THEY AGREE TO BE BOUND BY ITS PROVISIONS. IF ANY COVERED PERSON DISCLOSES A POTENTIAL OF 732212 09-07-17 55

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| Schedule O (Form 990 or 990-EZ) (2017)                           | Page <b>2</b>                             |
|------------------------------------------------------------------|-------------------------------------------|
| Name of the organization<br>MAKE-A-WISH FOUNDATION INTERNATIONAL | Employer identification number 86-0726985 |
| ACTUAL CONFLICT, THE FOLLOWING PROCEDURE IS FOLLOWED; THE        | CONFLICTING                               |
| INTEREST IS FULLY DISCLOSED TO THE BOARD, THE COVERED PER        | SON RESPONDS TO                           |
| ANY FACTUAL QUESTIONS FROM THE BOARD RELATED TO THE DISCL        | OSED CONFLICT, AND                        |
| THE BOARD, WITHOUT THE COVERED PERSON PRESENT, DISCUSSED         | THE CONFLICT AND                          |
| APPROVES OR DISAPPROVES THE PROPOSED TRANSACTION. BOARD          | REVIEW AND                                |
| DISCUSSION IS DOCUMENTED IN THE MEETING MINUTES.                 |                                           |

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

THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE AND DEVELOPMENT REVIEW OF THE CEO. THE PURPOSE OF THE PERFORMANCE AND DEVELOPMENT REVIEW IS TO PROVIDE A COMMUNICATION TOOL FOR BOARD MEMBERS AND CEO TO MUTUALLY DEFINE JOB EXPECTATIONS(GOALS & OUTCOMES), EVALUATE AND RECOGNIZE PERFORMANCE, AND HELP DEVELOP PARTICIPANTS TO THEIR FULLEST POTENTIAL. COMPENSATION IS ALSO REVIEWED AND COMPARED TO SIMILAR ORGANIZATIONS USING SALARY AND BENEFITS SURVEYS. THE REVIEW IS INTENDED TO SUPPORT THE MISSION, VALUES AND GOALS OF MAKE-A-WISH FOUNDATION INTERNATIONAL.

THE PROCESS UTILIZING REVIEW AND APPROVAL BY INDEPENDENT PERSONS,

COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION WAS LAST UTILIZED IN 2017 FOR THE CEO.

THE CEO CONDUCTS AN ANNUAL PERFORMANCE AND DEVELOPMENT REVIEW OF THE OTHER OFFICERS AND KEY EMPLOYEES. THE PURPOSE OF THE PERFORMANCE AND DEVELOPMENT REVIEW IS TO PROVIDE A COMMUNICATION TOOL FOR EMPLOYEE AND CEO TO MUTUALLY DEFINE JOB EXPECTATIONS (GOALS & OUTCOMES), EVALUATE AND RECOGNIZE PERFORMANCE, AND HELP DEVELOP PARTICIPANTS TO THEIR FULLEST POTENTIAL. COMPENSATION IS ALSO REVIEWED AND COMPARED TO SIMILAR ORGANIZATIONS USING SALARY AND BENEFITS SURVEYS. THE REVIEW IS INTENDED TO SUPPORT THE MISSION, 732212 09-07-17 56 14540715 099347 038-00042400 2017.06000 MAKE-A-WISH FOUNDATION INTE 038-0P01

| Schedule O (Form 990 or 990-EZ) (2017 | Schedule O | (Form 990 | 0 or 990-EZ | ) (2017 |
|---------------------------------------|------------|-----------|-------------|---------|
|---------------------------------------|------------|-----------|-------------|---------|

Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number 86-0726985

VALUES AND GOALS OF MAKE-A-WISH FOUNDATION INTERNATIONAL.

THE PROCESS UTILIZING COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION

WAS LAST UTILIZED IN 2017 FOR THE OTHER OFFICERS AND KEY EMPLOYEES.

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

THE FOUNDATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF

INTEREST ARE AVAILABLE TO THE PUBLIC UPON REQUEST OR ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER:

PROGRAM SERVICE EXPENSES203,416.MANAGEMENT AND GENERAL EXPENSES1,725.FUNDRAISING EXPENSES25,506.TOTAL EXPENSES230,647.

FEES FOR FOREIGN CONTRACTORS:

| PROGRAM SERVICE EXPENSES        | 410,000. |
|---------------------------------|----------|
| MANAGEMENT AND GENERAL EXPENSES | 55,000.  |
| FUNDRAISING EXPENSES            | 64,000.  |
| TOTAL EXPENSES                  | 529.000. |

 CEO SEARCH FEE:

 PROGRAM SERVICE EXPENSES

 MANAGEMENT AND GENERAL EXPENSES

 FUNDRAISING EXPENSES

 10,000.

 TOTAL EXPENSES

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| Name of the organization<br>MAKE-A-WISH FOUNDATION INTERNATIONAL | Employer identification num<br>86-0726985 |
|------------------------------------------------------------------|-------------------------------------------|
|                                                                  |                                           |
| FUNDRAISING CONSULTANT:                                          |                                           |
| PROGRAM SERVICE EXPENSES                                         |                                           |
| MANAGEMENT AND GENERAL EXPENSES                                  |                                           |
| FUNDRAISING EXPENSES                                             | 79,00                                     |
| TOTAL EXPENSES                                                   | 79,00                                     |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A           | 918,64                                    |
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