			** PUBLIC DISCLOSURE COPY	* *									
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047								
Forr	n Y	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 pplicab	ole:	f organization	D Employer identificat	ion number								
X	Addre		-A-WISH FOUNDATION INTERNATIONAL										
	Name chang	ge Doing bi	usiness as	86-072	26985								
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address)										
	Final returr termi	ň-	E HIGHLAND AVENUE 305		30-9900								
	ated]Amer	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,693,881.								
	_lreturr]Appli		nd address of principal officer:MICHEL RUDOLPHIE	H(a) Is this a group return for subordinates?									
L	⊥tiòn 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 12											
ۍ 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) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 535,947.	0.	0.								
ben	lua 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 Ses				Beginning of Current Year	End of Year								
sets 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 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 Here	Signature of officer MICHEL RUDOLPHIE, PRES Type or print name and title	IDENT AND CEO	Date						
Paid Preparer	Print/Type preparer's name JACQUELINE ECKMAN	Check PTIN if self-employed P01300648 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 990 (2
4e	Total program service expenses	6,487,725.		,	000
4d	Other program services (Describe in Schec (Expenses \$ in	dule O.)) (Revenue \$)	
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$	
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$	
	TO INCREASE OPPORTUNI 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 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	
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

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	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 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	

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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?										
2 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 _…		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	Note. 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 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>					

MAKE-A-WISH FOUNDATION INTERNATIONAL

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Form 990 (2017)

Form 990	(2017)
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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 ₂	Т
			1:		Yes	╀
1a	Enter the number of voting members of the governing body at the end of the tax year	. 1 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			1 990	_

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 cer an	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation 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 oyee	er			organizations
	line)	Indiv	In stit	Officer	Keye	Highest compensated 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 990 (2017)

732007 11-28-17

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

7

								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 from	compensation	1	amou	
	(list any	tor						the	from related organizations		oth 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 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					^		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	 }		
compensation from the organization						-,			,			6
											Ye	es No
3 Did the organization list any former 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			
			·	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
		Fundraising events						
		Related organizations						
	е	Government grants (contributi	ions) 1e					
	f	All other contributions, gifts, grant	ts, and					
		similar amounts not included abov	ve 1f	6,059,401.				
nd 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 Revenue	C							
gra Re	d							+
Pro	e 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 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 990 (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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 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 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) 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.		
			(A) Beginning of year		(B) 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. 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 12
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 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 sect	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 s 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 ed in section 509(a)(1) o	-			-	
					of supporting organization					
а		7	-		upervised, or controlled		-		-	(diving
a	L			-	gularly appoint or elect					
			-	complete Part IV, Se		amajonty				supporting
b		٦ ⁻		-	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.				
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o	,	(vi) Amount of other support (see instructions)
		organization	I		above (see instructions))	Yes	No	support (see ii	instructions)	support (see instructions)
Tota										
TOLd								L		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 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
4 Total. 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) 2014	(c) 2015	(d) 2016	(e) 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	[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 %
15 Public support percentage for						76.73 %
16a 33 1/3% support test - 2017.						
stop here. The organization qu						
b 33 1/3% support test - 2016.						
and stop here. 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) 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 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) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
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 stop here				-		
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	%
	33 1/3% support tests - 2017. 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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 Part VI 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 Part VI how you supported a government entity (see insi	truction	-)	
c		luctions	ŕ	No
2	Activities Test. Answer (a) and (b) below.		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 (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 (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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 Part VI). 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) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable 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

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Part VI	Form 990 or 990-EZ) 2017 M Supplemental Informa Part IV, Section A, lines 1, 2, 3	tion. Provide the ex 3b. 3c. 4b. 4c. 5a. 6.	planations required b 9a, 9b, 9c, 11a, 11b,	y Part II, line 10; Pa and 11c: Part IV. Se	rt II, line 17a or 17 ection B. lines 1 ar	nd 2: Part IV. Sectio	n C.
	line 1; Part IV, Section D, line Section D, lines 5, 6, and 8; a (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
32028 10-06-1	-					(Form 990 or 990-	F7

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 Contributions	Excess 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.
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 not treated as a private foundation

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

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

General Rule

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

Special Rules

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

Page 2

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) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$139,014.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEALS, THEME PARK TICKETS, SHUTTLES AND OTHER MISC GIFTS TO WISH KIDS	-	
		\$\$1,476,966.	02/15/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	TRAVEL CREDITS FOR WISHES	-	
		\$\$512,643.	02/15/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MILES FOR TRAVEL WISHES	-	
		\$ <u>139,014.</u>	02/15/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	

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 is, charitable, etc., contributions of \$1,000 or	VIIIg IIIe eIIIry. For organizations less for the year. (Enter this info. once.) \$	
	Use duplicate copies of Part III if addition	al space is needed.		
(a) No. 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. 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 Relationship of transferor to transferee	
.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
-				
		(e) Transfer of gift	• • • • • • • • • • • • • • • • • • •	
		(e) mansier of gift		
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
.				
-				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
.				
.		(a) Transfer of -iff	<u> </u>	
.		e) Transfer of gift	t	
	Transferee's name, address, a		t Relationship of transferor to transferee	
	Transferee's name, address, a			
	Transferee's name, address, a			
- - - - -	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
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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 2
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	ts (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										
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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 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 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	+	
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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 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) are the related organization's endowment funds. Yes No 3a(i) 3a(ii) 3b 4 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) (c) Accumulated (d) Book value (d) Equipment (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 ·	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 <	С											
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 Other (b) Cost or other (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (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) 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												
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 3
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.)		▶	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 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:			· ·	
_ 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 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (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	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	1.		Retu 1	ırn. 8,042,817.
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.		Retu 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. 		Retu 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. . 2 a		Retu 1	
1 2 a 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. 2a 2b		Retu	
1 2 a b 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 2b 2c		1	8,042,817.
1 2 b c 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 2b 2c 2d	421,400.	1 2e	8,042,817.
1 2 b c 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 2b 2c 2d	421,400.	1	8,042,817.
1 2 b c d 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 2b 2c 2d	421,400.	1 2e	8,042,817.
1 2 3 4 3 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 2b 2c 2d 2d	421,400.	1 2e	8,042,817.
1 2 3 4 3 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 2b 2c 2d 2d	421,400.	1 2e	8,042,817. 421,400. 7,621,417.
1 2 a b c d e 3 4 a 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 2e 3 4c	8,042,817. 421,400. 7,621,417. 0.
1 2 d e 3 4 b c 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 2e 3	8,042,817. 421,400. 7,621,417.

00 00000

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 FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER 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 _{Page}
Schedule D (Form 990) 2017 Part XIII Supplemental In	formation (continued)			U
				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 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 offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d gram service, specific type (s) in the regio	expenditures for and 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 TRAINING	NG AND	471,180.
3 a Sub-total	0	4				3,842,232.
b Total from continuati						_
sheets to Part I 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

17

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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 recipient who rec	er Assistance to Or g ceived more than \$5,	Grants and Other Assistance to Organizations or Entities Outsid 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 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	complete if the org eded.	ganization answerec	l "Yes" on Form	le the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any f additional space is needed.	
1 (a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description of noncash	(i) Method of 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 valuation (book, FMV, appraisal, other)								FMV				FMV				FMV								FMV				FMV								FMV
	(1)	(h) Description of non-cash 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	(g) Amount of non-cash 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 cash disbursement				WIRE				WIRE				WIRE				WIRE				TRE				WIRE				WIRE				WIRE				WIRE
ONAL	United States. ((e) Amount of cash grant				29_033 . W				27,703.W				24,598. <mark>W</mark>				18,536. <mark>W</mark>				9,715.WIRE				72,307 . W				32,236. <mark>W</mark>				10,949. <mark>W</mark>				10,949.M
ATION INTERNATIONAL	ations or Entities Outside the United States.	(d) Purpose of 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 and EIN (if applicable)																																				
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization																																				

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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)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, 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 valuation (book, FMV, appraisal, other)				FMV								FMV												FMV												
(Form 990) MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 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 of non-cash 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	(g) Amount of non-cash assistance				45,522.				.0				51,731.				.0				0.				4,443.				15,825.				1,179,828.				48,708.
	Schedule F (Form 9	(f) Manner of cash disbursement				TRE				TRE				TRE				TRE				IRE				TRE				WIRE				WIRE				TRE
	United States. ((e) Amount 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	(d) Purpose of 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 and EIN (if applicable)																																				
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization																																				

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Page 2		(i) Method of valuation (book, FMV, appraisal, other)				FMV				FMV				FMV								FMV											
	1)	(h) Description of non-cash 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 non-cash assistance				36,904.				32,337.				5,275.				0.				30,464.				0.				0.			
86-0726985	Schedule F (Form 9	(f) Manner of cash disbursement				VIRE				WIRE				VIRE				WIRE				WIRE				WIRE				WIRE			
ONAL	United States.	(e) Amount 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	(d) Purpose of grant	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	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 and EIN (if applicable)																															
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization																															

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2017
	IV, line 16.	(g) Description of noncash assistance					Schedt
86-0726985	on Form 990, Part	(f) Amount of noncash assistance					
	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
N INTERNATIONAL	ites. Complete if	(d) Amount of cash grant					
OUNDATIO	le the United Sta d.	c) Number of recipients					
MAKE-A-WISH FOUNDATION	e to Individuals Outsic dditional space is neede	(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 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see 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,

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

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 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,

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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.

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

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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 (Form 990)		C GO	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	er Assistand d Individual answered "Yes"	ce to Organ s in the Uni on Form 990, Pa	lizations, ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. · the latest inforn	nation.		Open to Public Inspection
Name of the organization	ation MAKE-A-WISH	SH FOUNDATION	TION INTERN	TERNATIONAL				Employer identification number 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.		- - - - -	
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 \$5.000. Part II car	izations and Domestic be duplicated if additi	c Governments. Co onal space is need	omplete if the org ed.	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and <i>i</i> or gr	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAW AMERICA 4742 N 24TH STREET, PHOENIX, AZ 85016	BET, SUITE 400 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 cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l 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 2
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 J (Fo rn	n 990)) 2017

732111 10-17-17

Schedule J (Form 990) 2017 MAKE-A-WISH	1-A-		FOUNDATION INTERNATIONAL	ERNATIONAL	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 orm 9	oorted on Schedule , 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 compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denents	(a)-(i)(a)	in column (b) reported as deferred 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)							
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732112 10-17-17

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

732113 10-17-17

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		-							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	1	(d) Method of de 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	
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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

732142 09-07-17

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

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

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization 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
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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

 732212 09-07-17

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

Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL	Employer identification num 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
732212 09-07-17 Sch	edule O (Form 990 or 990-EZ) (2

Page 2

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