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Department of the Visuary	Form VyV-	•				ction 6033(e))	170	18	00	140	
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Section 100			Name of organization (Check box if name changed and see instructions.) D Employer identification numbes (Employees' trust, see								
Add	B Exempt under section	Print									
408A 530(a) 520(b) 520(b) 520(c) 520			Number, street, and room or suite no. If a P.O. box, see instructions.								
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HERTER the number of the organization's unrelated trade or businesses. 1 Describe the only (or first) unrelated trade or business here > UNRELATED DEBT-PINANCED INCOME describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addinional trade or business, then complete Parts III-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addinional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. If very enter the name and identifying number of the parent corporation. Yes III business, then complete Parts III-V. I The blooks are one and identifying number of the parent corporation. Yes III business and identifying number of the parent corporation. Yes III business are care of the Names of the parent corporation. Yes III business are care of the parent corporation. Yes III business and advances or sales. I a Gross receipts or sales I bus returns and allowances (Schedule A). I a Gross receipts or sales I bus returns and allowances (Schedule D). A set group of the sales of	at end of year						·			L	
Trade or business here										Other trust	
describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If Yes, enter the name and identifying number of the parent corporation. ► J The books are care of ► MARKEREM MYSESEMANN Telephone number ► 602-385-6906 Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 Gross reports or sales 1 Less returns and allowances 1 Cost of goods sold (Schedule A, line 7) 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line to 4 Copial gain net income (stateh Schedule D) 4 Det gain (Sols) (Form 4797, Part I, line 17) (statch Form 4797) 4 Det gain (Sols) (Form 4797, Part I, line 17) (statch Form 4797) 5 Income (Sols) (Form 4797, Part I, line 17) (statch Form 4797) 6 Rent income (Schedule C) 1 Unrelated debt-financed moone (Schedule E) 8 Interest, namelies, crystities, and rents from a controlled organization (schedule P) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule P) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule P) 10 Described (See instructions) (See instructions statch schedule P) 10 Described (See instructions) (See instructions, adductions must be directly connected with the turne/plated-besieness successed) 10 Described (See instructions) (See instructions for Imitation rules) 10 Deptercation (statch Form 4562) 11 Deptercation (statch Form 4562) 12 Controlutions to deterest-compensation plans 13 Total Combine lines 3 through 12 14 Legisla (See instructions) (See instructions) 15 Total Combine lines 3 through 12 16 Charactelic contributions (See instructions) (See instructions) 17 Total Combine lines 3 through 12 18 Excess exempt spénses (Schédule I) 19 Total Contributions to deterest-compensation plans 10 Total Contri		-					- , ,		han ana		
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	,	-		-	ry 1, 20)18 (see instructions)	₹°		-	217 000	
								32]	Form C		

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation N/A				—
1 Inventory at beginning of year	1		6 Inventory at end of year	· · · · · · · · · · · · · · · · · · ·		6	
2 Purchases	2		7 Cost of goods sold. Su	btract line 6			
3 Cost of labor	3		from line 5. Enter here a	and in Part I,			
4a Additional section 263A costs		ŀ	line 2			7	
(attach schedule)	4a		8 Do the rules of section :	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	equired for resale) apply	y to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income ((see instructions)	(From Real	Property and I	Personal Property Lo	eased With Real	l Proper	ty) 	
1. Description of property							
(1)				•			_
(2)	· ·						
(3)		•					
(4)							
	2. Rent receiv	ed or accrued	*				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for per	d personal property (if the percentag rsonal property exceeds 50% or if is based on profit or income)	e 3(a) Deductio	ns directly cor nns 2(a) and 2	nnected with the income in t(b) (attach schedule)	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		(b) Total deduce Enter here and on Part I, line 6, colum	page 1,	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	nstructions)				
			2. Gross income from or allocable to debt-	to c	debt-financed	· · · ·	
1. Description of debt-fi	nanced property		financed property	(a) Straight line depre (attach scheduk		(b) Other deductions (attach schedule) STATEMENT 2	
(1) PURCHASE OF UNRELATED DE	BT-FINANCE	BUILDING	803,464.	•	-	1,187,1	73.
(2)			,				<u> </u>
(3)						·	
(4)							
Amount of average acquisition debt on or ellocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (colum 2 x column 6)		8. Allocable deduction (column 6 x total of colum 3(a) and 3(b))	
(1) 18,486,834.		22,356,735.	82.69%	6	64,384.	981,6	73.
(2)			%				
(3)			%				
(4)			%			•	
				Enter here and on pa Part I, line 7, column		Enter here and on page 1 Part I, line 7, column (B)	
Totals			>	6	64,384.	981,6	73.
Total dividends-received deductions	ncluded in colum	n 8			•		0.

			Exempt	Controlled O	rganızatıc	ons			г		
Name of controlled organization				3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
)										-	
)											
3)										· · · · · · · · · · · · · · · · · · ·	
1)											
onexempt Controlled Organiz	zations										
7. Taxable Income	8. Net unrela	ted income (loss) structions)	9. Total	of specified payr made	nents	10. Part of column in the controllingross	nn 9 that ng organ s income	ization's	11. Dec with	ductions directly connecte income in column 10	
l)											
2)	-										
3) 4)			- 		<u> </u>						
4)			,			Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
otals					<u>▶</u>			0.			
chedule G - Investme		of a Secti	on 501(c)(7	7), (9), or (17) Org	anization					
	ription of income			2. Amount of	ıncome	3. Deduction directly connectation (attach scheduler)	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
1)				 						,	
2)	-			1						 	
				+						- 	
3)				+							
4)				F-4 b d						Cutar have and an acces	
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B	
otals			<u> </u>		0.					<u>-l</u>	
chedule I - Exploited (see instru	_	tivity Inco	me, Other	Than Adv	ertisin/	g Income					
1. Description of exploited activity	2. Gross unrelated busi income fro trade or busir	ness wi	Expenses ctly connected th production of urrelated siness income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity in is not unrelated business inco	that te d	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)											
2)			······································	Ĭ.							
3)											
4)				†	1					 	
	Enter here an page 1, Par line 10, col	t I, p: (A) In	er here and on age 1, Part I, se 10, col (B)							Enter here and on page 1, Part II, line 26	
tals ► chedule J - Advertisir	a locana	0.	0.	L						<u> </u>	
Part I Income From I				solidated	Basis						
<u></u>						T					
1. Name of periodical] adv	Gross vertising icome	3. Direct advertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute arough 7	5. Circula income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)											
2)								-			
3)											
4)			· 	_				·			
· · · · · · · · · · · · · · · · · · ·						1				· ,	
state (carry to Part II line (5))	•	0.	1	٥.		1					
otals (carry to Part II, line (5))		٠. ا		<u>".·L</u>				L		Form 990-T (20)	

Form 990-T (2018) MAKE-A-WISH FOUNDATION OF AMERICA Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-		
(2)							
(3)							
(4)			•				
Totals from Part I	▶	0.	0.		•		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	NET	NET OPERATING LOSS DEDUCTION					
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
08/31/17	306,323.	0.	306,323.	306,323.			
08/31/18	340,824.	0.	340,824.	340,824.*			
NOL CARRYO	VER AVAILABLE THIS	YEAR	647,147.	647,147.			

^{*} NOTE THAT THE 8/31/2018 NOL HAS BEEN ADJUSTED FROM THE ORIGINALLY REPORTED AMOUNT DUE TO THE REPEAL OF SECTION 512(a)(7).

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT .2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			769,958.	
INSURANCE			10,356.	
OFFICE EXPENSES			2,159.	
PROFESSIONAL FEES RENT AND UTILITIES			3,231. 401,469.	
KENT AND UTILITIES	- SUBTOTAL -	1	401,403.	1,187,173.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		1,187,173.

EIN: 86-0481941 FYE: 8/31/2019

Section 1.263(a)-3(n) Capitalization Election

Make-A-Wish Foundation of America hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.

EIN: 86-0481941 FYE⁻ 8/31/2019

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Make-A-Wish Foundation of America on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.