

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2018, and ending 08-31-2019

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
MAKE-A-WISH FOUNDATION OF AMERICA
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1702 E HIGHLAND AVE NO 400
City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85016

D Employer identification number
86-0481941
E Telephone number
(602) 279-9474

F Name and address of principal officer
RICHARD DAVIS
1702 E HIGHLAND AVE NO 400
PHOENIX, AZ 85016

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) () (insert no)
4947(a)(1) or
527

J Website: WWW WISH ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1983

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TOGETHER, WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3 Number of voting members of the governing body (24); 4 Number of independent voting members of the governing body (24); 5 Total number of individuals employed in calendar year 2018 (309); 6 Total number of volunteers (estimate if necessary) (50); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (-317,289); 7b Net unrelated business taxable income from Form 990-T, line 34 (-317,289).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (82,706,985 / 86,378,178); 9 Program service revenue (8,707,460 / 12,336,553); 10 Investment income (1,747,281 / 3,132,949); 11 Other revenue (3,747,655 / 2,849,470); 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) (96,909,381 / 104,697,150); 13 Grants and similar amounts paid (55,097,314 / 52,383,111); 14 Benefits paid to or for members (0 / 0); 15 Salaries, other compensation, employee benefits (21,216,652 / 22,041,238); 16a Professional fundraising fees (3,079,492 / 3,527,701); 16b Total fundraising expenses (Part IX, column (D), line 25) (13,847,833); 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) (22,401,350 / 22,395,203); 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) (101,794,808 / 100,347,253); 19 Revenue less expenses Subtract line 18 from line 12 (-4,885,427 / 4,349,897); 20 Total assets (Part X, line 16) (77,553,013 / 75,083,885); 21 Total liabilities (Part X, line 26) (34,221,518 / 29,746,515); 22 Net assets or fund balances Subtract line 21 from line 20 (43,331,495 / 45,337,370).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer
Date 2020-07-14
MAUREEN MUSSELMAN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date 2020-07-10
Check if self-employed
PTIN P00743140
Firm's name DELOITTE TAX LLP
Firm's EIN 86-1065772
Firm's address TWO JERICHO PLAZA
JERICHO, NY 11753
Phone no (516) 918-7000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 72,253,270 including grants of \$ 52,383,111) (Revenue \$ 15,346,867)
See Additional Data

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

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

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

4e Total program service expenses ▶ 72,253,270

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	309		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	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					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (24); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WI, WV
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MAUREEN MUSSELMAN 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 85016 (602) 385-6906

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 (D), (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, or 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

Section 2: Total number of individuals who received more than \$100,000 of reportable compensation from the organization. Includes a table with Yes/No columns for questions 3, 4, and 5.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like TRUE NORTH INC, WEBB MASON, CLIFTON LARSON ALLEN LLP, etc.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 4,652				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 86,373,526				
	g Noncash contributions included in lines 1a - 1f \$	3,701,040				
h Total. Add lines 1a-1f		86,378,178				
Program Service Revenue	2a CHAPTER ASSESSMENTS	Business Code				
		561000	12,102,342	12,102,342		
	b CONFERENCE REVENUE	561499	222,740	222,740		
	c TRAINING REVENUE	611430	11,471	11,471		
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		12,336,553				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		663,824		663,824	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		803,464				
		b Less rental expenses	1,187,173			
		c Rental income or (loss)	-383,709			
	d Net rental income or (loss)			-383,709	-317,289	-66,420
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		17,218,382				
		b Less cost or other basis and sales expenses	14,906,675	-157,418		
		c Gain or (loss)	2,311,707	157,418		
	d Net gain or (loss)			2,469,125		2,469,125
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a CENTRALIZED SERVICES	541200	2,022,775	2,022,775			
b REBATES & ROYALTIES	900099	833,261	833,261			
c LIST RENTAL INCOME	541800	222,865			222,865	
d All other revenue		154,278	154,278			
e Total. Add lines 11a-11d		3,233,179				
12 Total revenue. See Instructions		104,697,150	15,346,867	-317,289	3,289,394	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	52,304,974	52,304,974		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	78,137	78,137		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,896,673	1,664,243	1,533,508	698,922
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,788,448	6,252,065	5,901,700	2,634,683
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	453,005	189,689	171,488	91,828
9 Other employee benefits	1,611,511	731,226	588,048	292,237
10 Payroll taxes	1,291,601	576,447	479,430	235,724
11 Fees for services (non-employees)				
a Management				
b Legal	36,166	14,520	21,635	11
c Accounting	1,345,661	1,292,613	53,048	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,527,701			3,527,701
f Investment management fees	225,450		225,450	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,888,481	2,877,707	1,486,384	1,524,390
12 Advertising and promotion	115,614	9,347	11,336	94,931
13 Office expenses	6,627,709	2,460,110	1,149,264	3,018,335
14 Information technology	1,831,187	871,142	315,146	644,899
15 Royalties				
16 Occupancy	1,083,369	300,659	660,056	122,654
17 Travel	957,271	428,883	334,482	193,906
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,057,751	798,365	191,984	67,402
20 Interest	566,288		566,288	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,155,094	650,147	346,206	158,741
23 Insurance	788,340	678,349	83,316	26,675
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 O.)				
a BANK/MERCHANT FEES	531,975	28	26,494	505,453
b MEMBERSHIP DUES	85,517	65,088	14,834	5,595
c PAYROLL ADMIN FEES	61,089		61,089	
d LICENSES AND PERMITS	26,610	8,611	14,258	3,741
e All other expenses	11,631	920	10,706	5
25 Total functional expenses. Add lines 1 through 24e	100,347,253	72,253,270	14,246,150	13,847,833
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	6,839,354	2,501,170	901,029	3,437,155

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,400,228	1	4,939,442
	2 Savings and temporary cash investments	18,407	2	364,584
	3 Pledges and grants receivable, net	7,460,565	3	8,840,861
	4 Accounts receivable, net	880,308	4	635,687
	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 under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	140,967	8	7,939
	9 Prepaid expenses and deferred charges	1,248,857	9	2,685,958
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 33,503,781		
	b Less accumulated depreciation	10b 5,408,319	26,230,371	10c 28,095,462
	11 Investments—publicly traded securities	36,113,489	11	26,239,005
	12 Investments—other securities See Part IV, line 11		12	1,147,668
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,059,821	15	2,127,279
16 Total assets. Add lines 1 through 15 (must equal line 34)	77,553,013	16	75,083,885	
Liabilities	17 Accounts payable and accrued expenses	5,336,124	17	4,778,299
	18 Grants payable		18	
	19 Deferred revenue	182,855	19	106,106
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	20,000,000	23	17,880,409
	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	8,702,539	25	6,981,701
	26 Total liabilities. Add lines 17 through 25	34,221,518	26	29,746,515
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,898,167	27	23,501,883
	28 Temporarily restricted net assets	12,306,386	28	11,507,156
	29 Permanently restricted net assets	10,126,942	29	10,328,331
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	43,331,495	33	45,337,370	
34 Total liabilities and net assets/fund balances	77,553,013	34	75,083,885	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,697,150
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,347,253
3	Revenue less expenses Subtract line 2 from line 1	3	4,349,897
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,331,495
5	Net unrealized gains (losses) on investments	5	-2,236,706
6	Donated services and use of facilities	6	-72,618
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-34,698
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,337,370

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 86-0481941

Name: MAKE-A-WISH FOUNDATION OF AMERICA

Form 990 (2018)

Form 990, Part III, Line 4a:

THE FOUNDATION PERFORMS ACTIVITIES WHICH PROMOTE THE DEVELOPMENT AND HANDLING OF RESOURCES USED TO GRANT THE WISHES OF CHILDREN WITH CRITICAL ILLNESSES AND PROVIDES SUPPORT TO AFFILIATED 501(C)(3) ORGANIZATIONS (CHAPTERS) TO FUND THEIR WISH PROGRAM DURING FY19, THE FOUNDATION DISTRIBUTED \$64 MILLION IN CASH AND IN-KIND TO THE CHAPTERS TO GRANT WISHES AS OF AUGUST 31, 2019, THE FOUNDATION HAS 60 CHARTERED CHAPTERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CLARK CHAIR AS OF 9/17/18	2 00	X		X				0	0	0
BRENDA BATY CHAIR THROUGH 9/17/18	3 00	X		X				0	0	0
BOB CHAPEK DIRECTOR	2 00	X						0	0	0
CARLOS CATA DIRECTOR	2 00	X						0	0	0
CHERYL HEINONEN DIRECTOR AS OF 1/26/19	2 00	X						0	0	0
CHRIS BEARD DIRECTOR	2 00	X						0	0	0
CONSTANCE WEAVER DIRECTOR	2 00	X						0	0	0
CORTNEY ERIN DIRECTOR THROUGH 1/26/19	2 00	X						0	0	0
DERRICK HALL DIRECTOR	2 00	X						0	0	0
DOLF BERLE DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON YAEGER DIRECTOR	2 00	X						0	0	0
DOUG ECKROTE DIRECTOR	2 00	X						0	0	0
DR SACHIN JAIN DIRECTOR	3 00	X						0	0	0
GEORGE BARRIOS DIRECTOR	2 00	X						0	0	0
GJ HART DIRECTOR	2 00	X						0	0	0
JAMES WILKINSON DIRECTOR	2 00	X						0	0	0
JOAQUIN HIDALGO DIRECTOR	2 00	X						0	0	0
KERI GOHMAN DIRECTOR AS OF 10/19/18	2 00	X						0	0	0
LINDA RUTHERFORD DIRECTOR	2 00	X						0	0	0
NANCY VITALE DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY SLOAN DIRECTOR	2 00	X						0	0	0
ROB LLOYD DIRECTOR AS OF 10/19/18	2 00	X						0	0	0
SHARLYN HESLAM DIRECTOR	2 00	X						0	0	0
SPENCER NEUMANN DIRECTOR	2 00	X						0	0	0
STEVEN IZEN DIRECTOR	2 00	X						0	0	0
XAVIER WILLIAMS DIRECTOR	2 00	X						0	0	0
BIPIN JAYARAJ CHIEF INFORMATION OFFICER	45 00			X				197,400	0	8,389
DAVID MULVIHILL VP & GENERAL COUNSEL	45 00			X				306,337	0	20,517
DAVID WILLIAMS PRESIDENT AND CEO THRU 10/18	45 00			X				550,384	0	37,736
DEBORAH THOMPSON VP CHAPTER INITIATIVES	45 00			X				252,366	0	14,016

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCES HALL VP OF MISSION ADVANCEMENT	45 00			X				130,884	0	12,564
HOLLY THOMAS VP CORP ALLIANCES	45 00			X				89,615	0	0
JANELL HOLAS VP OF BRAND & MARKETING	45 00			X				197,427	0	5,778
KATHLEEN FORSHEY VP CORP ALLIANCES THRU 10/18	45 00			X				243,411	0	12,266
LESLIE MOTTER CHIEF OPERATING OFFICER	45 00			X				347,007	0	32,109
LUANN BOTT VP OF CHAPTER ADVANCEMENT	45 00			X				0	0	0
MAUREEN MUSSELMAN CFO	45 00			X				79,464	0	0
PAUL MEHLHORN FORMER CFO THRU 5/18	45 00			X				129,528	0	8,000
RICHARD DAVIS PRESIDENT AND CEO	45 00			X				0	0	0
RYAN HEGSETH VP OF STRATEGIC PLANNING	45 00			X				201,569	0	8,338

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS PARKER CHIEF HUMAN RESOURCES OFFICER	45 00			X				243,535	0	5,116
TODD SHELLENBERGER VP OF DEVELOPMENT	45 00			X				263,494	0	18,851
TREVOR VIGFUSSON CFO THRU 9/2018	45 00			X				148,788	0	5,487
DAVID WEISS CHAPTER PHILANTHROPY ADVISOR	45 00					X		137,402	0	10,523
JONATHAN SMITH DIR OF DIGITAL & BRAND COMMS	45 00					X		139,845	0	7,674
KAREN SANTONI DIRECTOR OF PRINCIPAL GIVING	45 00					X		137,801	0	10,627
PATRICIA CLEMENCY DIVERSITY/DEVELOPMENT OFFICER	45 00					X		152,110	0	9,210
STACY OWEN DIRECTOR OF CORPORATE ALLIANCES	45 00					X		148,451	0	10,130

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number

86-0481941

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	70,369,626	79,624,407	85,850,746	82,706,985	86,378,178	404,929,942
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	70,369,626	79,624,407	85,850,746	82,706,985	86,378,178	404,929,942
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						46,854,023
6 Public support. Subtract line 5 from line 4						358,075,919

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	70,369,626	79,624,407	85,850,746	82,706,985	86,378,178	404,929,942
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	669,189	672,839	1,599,929	1,585,534	1,467,288	5,994,779
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,386,965	1,993,144	3,374,062	4,126,095	3,233,179	14,113,445
11 Total support. Add lines 7 through 10						425,038,166
12 Gross receipts from related activities, etc (see instructions)					12	45,507,452

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	84.250 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	84.290 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
11	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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

		Yes	No
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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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).		
	7		
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).		
	8		
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 .		
	9a		
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 .		
	9b		
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 .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2014 AMOUNT \$ 112,113 2015 AMOUNT \$ 154,016 2016 AMOUNT \$ 186,115 2017 AMOUNT \$ 106,602 2018 AMOUNT \$ 154,278 LIST RENTAL - 2014 AMOUNT \$ 189,457 2015 AMOUNT \$ 304,070 2016 AMOUNT \$ 236,971 2017 AMOUNT \$ 268,473 2018 AMOUNT \$ 222,865 REBATES - 2014 AMOUNT \$ 531,845 2015 AMOUNT \$ 739,458 2016 AMOUNT \$ 749,750 2017 AMOUNT \$ 762,305 2018 AMOUNT \$ 833,261 CENTRALIZED SERVICES - 2014 AMOUNT \$ 553,550 2015 AMOUNT \$ 795,600 2016 AMOUNT \$ 2,201,226 2017 AMOUNT \$ 2,988,715 2018 AMOUNT \$ 2,022,775

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number
86-0481941

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,860,523	11,943,786	11,526,362	10,645,282	10,592,856
b Contributions	1,056,656	355,404	378,203	778,680	517,779
c Net investment earnings, gains, and losses	16,390	901,089	936,753	486,101	-315,702
d Grants or scholarships					
e Other expenditures for facilities and programs	1,263,100	339,756	897,532	383,701	149,651
f Administrative expenses					
g End of year balance	12,670,469	12,860,523	11,943,786	11,526,362	10,645,282

- 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 ▶ 81 500 %
 - c** Temporarily restricted endowment ▶ 18 500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,000,000		2,000,000
b Buildings		22,732,758	1,874,187	20,858,571
c Leasehold improvements				
d Equipment		1,273,893	679,184	594,709
e Other		7,497,130	2,854,948	4,642,182
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				28,095,462

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

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

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

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

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

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

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO CHAPTERS	6,407,578
DEFERRED RENT	87,098
PROVISION FOR SPLIT-INTEREST AGREEMENT	487,025
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,981,701

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	195,718,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-2,236,706
b	Donated services and use of facilities	2b	93,115,497
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	90,878,791
3	Subtract line 2e from line 1	3	104,839,472
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	225,450
b	Other (Describe in Part XIII)	4b	-367,772
c	Add lines 4a and 4b	4c	-142,322
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	104,697,150

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

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

1	Total expenses and losses per audited financial statements	1	194,531,303
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	93,188,115
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,221,871
e	Add lines 2a through 2d	2e	94,409,986
3	Subtract line 2e from line 1	3	100,121,317
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	225,450
b	Other (Describe in Part XIII)	4b	486
c	Add lines 4a and 4b	4c	225,936
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	100,347,253

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 86-0481941

Name: MAKE-A-WISH FOUNDATION OF AMERICA

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS CONSIST OF TWO GENERAL ENDOWMENT FUNDS AND A GROUP OF FUNDS TO BE USED FOR THE GRANTING OF WISHES BY THE FOUNDATION OR BY ANY ONE OR MORE OF THE FOUNDATION'S CHAPTERS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME AND ARIZONA TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND ARIZONA REVISED STATUTES 43-1201(4) HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE FOUNDATION AT AUGUST 31, 2019 THE FOUNDATION FILES INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTION AND ARIZONA JURISDICTION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	BUILDING CAMPAIGN CONTRIBUTIONS 819,401 EXPENSES ASSOCIATED WITH BUILDING RENTAL INCOME -1,187,173

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 34,698 EXPENSES ASSOCIATED WITH BUILDING RENTAL INCOME 1,187,173

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BUILDING CAMPAIGN EXPENDITURES 486

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number
86-0481941

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	GRANT-MAKING		78,137
3a Sub-total	0	0			78,137
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			78,137

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
		NORTH AMERICA	WISH GRANTING	78,137	CHECK			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 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 No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," 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)* Yes 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 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? *If "Yes," 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)* Yes 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 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)* Yes No

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	<p>THE FOUNDATION'S POLICY FOR FOREIGN GRANTS IS CONSISTENT WITH ITS POLICY FOR DOMESTIC GRANTS THE FOUNDATION PROVIDES GRANTS AND SCHOLARSHIPS TO AFFILIATED CHAPTERS FOR THE PURPOSE OF GRANTING THE WISHES OF CHILDREN WITH CRITICAL ILLNESSES THE FOUNDATION AND ITS CHAPTERS OPERATE UNDER INDIVIDUAL CHAPTER AGREEMENTS WHICH DEFINE THE TERMS AND CONDITIONS UNDER WHICH A CHAPTER IS GRANTED THE RIGHTS AND PRIVILEGES OF BEING A CHAPTER, AS WELL AS THE DUTIES AND OBLIGATIONS ASSOCIATED WITH THAT PRIVILEGE BY ENTERING INTO THE CHAPTER AGREEMENT, THE CHAPTER AGREES TO COMPLY WITH THE POLICIES OF THE FOUNDATION TO ENSURE COMPLIANCE WITH THE POLICIES, EACH CHAPTER AGREES TO PERMIT THE FOUNDATION'S DESIGNATED REPRESENTATIVES TO INSPECT THE CHAPTER'S BOOKS AND RECORDS AND TO INTERVIEW THE CHAPTER'S DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS AT ANY REASONABLE TIME AND UPON REASONABLE NOTICE IN ADDITION, THE FOUNDATION'S COMPLIANCE TEAM VISITS ALL CHAPTERS ON A ROTATING BASIS TO FURTHER ENSURE COMPLIANCE WITH THE POLICIES FOR THE ACCEPTANCE AND USE OF GRANTS AND SCHOLARSHIPS MAKE-A-WISH FOUNDATION OF AMERICA DOES NOT PROVIDE CASH GRANTS TO INDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET THE SPECIFIC CRITERIA FOR THE WISH-GRANTING PROGRAM THE ORGANIZATION ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE EXCEPTION OF TRAVEL STIPENDS (I E , MEALS, TIPS, GAS, ETC) FROM A STANDARDIZED WISH BUDGET GENERALLY WISH EXPENSES ARE APPROVED BY THE PRESIDENT/CEO THE SUPPORTING WISH EXPENSE DOCUMENTATION (I E , INVOICES AND STATEMENTS) IS RETAINED BY THE ORGANIZATION</p>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number
86-0481941

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRUE NORTH INC 630 THIRD AVE 12 FLOOR NEW YORK, NY 10017	DIGITAL FUNDRAISING CAMPAIGN		No	0	2,974,227	0
THOMPSON HABIB & DENISON INC 55 OLD BEDFORD RD SUITE 201 LINCOLN, MA 01773	DIRECT MAIL CAMPAIGN		No	0	674,798	0
PARADYSZ PMX AGENCY ONE WORLD TRADE CENTER 63RD FLOOR NEW YORK, NY 10007	DIRECT MAIL CAMPAIGN		No	0	358,912	0
AMERICA'S CHARITIES INC 14150 NEWBROOK DR 110 CHANTILLY, VA 20151	WORKPLACE GIVING		No	0	74,631	0
TBWACHIATDAY 5353 GROSVENOR BLVD LOS ANGELES, CA 90066	CORPORATE FUNDRAISING CAMPAIGN		No	0	110,000	0
PROJECT MOCKINGBIRD LLC 3333 WELBORN ST SUITE 100 DALLAS, TX 75219	CORPORATE FUNDRAISING CAMPAIGN		No	0	15,600	0
Total					4,208,168	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WI, WV

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE FOUNDATION ENGAGES PROFESSIONAL FUNDRAISERS ON A 'FIXED FEE OR 'TIME AND EXPENSES' BASIS TO DESIGN FUNDRAISING CAMPAIGNS AND TO PROVIDE ADVICE ABOUT SELECTED TARGET MARKETS OR TYPES OF FUNDRAISING ACTIVITIES. ONCE DESIGNED, THE FUNDRAISING CAMPAIGNS ARE MANAGED BY STAFF OF THE FOUNDATION. AS SUCH, THE PROFESSIONAL FUNDRAISERS EMPLOYED BY THE FOUNDATION DO NOT PARTICIPATE IN EXECUTING THE CAMPAIGN STRATEGY AND DO NOT HAVE CONTROL OR CUSTODY OF ANY FOUNDATION CONTRIBUTIONS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number

86-0481941

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 61
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	<p>THE FOUNDATION PROVIDES GRANTS AND SCHOLARSHIPS TO AFFILIATED CHAPTERS FOR THE PURPOSE OF GRANTING THE WISHES OF CHILDREN WITH CRITICAL ILLNESSES THE FOUNDATION AND ITS CHAPTERS OPERATE UNDER INDIVIDUAL CHAPTER AGREEMENTS WHICH DEFINE THE TERMS AND CONDITIONS UNDER WHICH A CHAPTER IS GRANTED THE RIGHTS AND PRIVILEGES OF BEING A CHAPTER, AS WELL AS THE DUTIES AND OBLIGATIONS ASSOCIATED WITH THAT PRIVILEGE BY ENTERING INTO THE CHAPTER AGREEMENT, THE CHAPTER AGREES TO COMPLY WITH THE POLICIES OF THE FOUNDATION TO ENSURE COMPLIANCE WITH THE POLICIES, EACH CHAPTER AGREES TO PERMIT THE FOUNDATION'S DESIGNATED REPRESENTATIVES TO INSPECT THE CHAPTER'S BOOKS AND RECORDS AND TO INTERVIEW THE CHAPTER'S DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS AT ANY REASONABLE TIME AND UPON REASONABLE NOTICE IN ADDITION, THE FOUNDATION'S COMPLIANCE TEAM VISITS ALL CHAPTERS ON A ROTATING BASIS TO FURTHER ENSURE COMPLIANCE WITH THE POLICIES FOR THE ACCEPTANCE AND USE OF GRANTS AND SCHOLARSHIPS MAKE-A-WISH FOUNDATION OF AMERICA DOES NOT PROVIDE CASH GRANTS TO INDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET THE SPECIFIC CRITERIA FOR THE WISH-GRANTING PROGRAM THE ORGANIZATION ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE EXCEPTION OF TRAVEL STIPENDS (I E , MEALS, TIPS, GAS, ETC) FROM A STANDARDIZED WITH BUDGET GENERALLY WISH EXPENSES ARE APPROVED BY THE PRESIDENT/CEO THE SUPPORTING WISH EXPENSE DOCUMENTATION (I E , INVOICES AND STATEMENTS) IS RETAINED BY THE ORGANIZATION</p>

Additional Data

Software ID:
Software Version:
EIN: 86-0481941
Name: MAKE-A-WISH FOUNDATION OF AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF ALABAMA 400 VESTAVIA PARKWAY SUITE 402 VESTAVIA HILLS, AL 35216	58-0074472	501(C)(3)	324,960	25,586	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF ALASKA & WASHINGTON 811 FIRST AVENUE SUITE 520 SEATTLE, WA 98104	91-1329433	501(C)(3)	1,081,963	153,737	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF ARIZONA 2901 NORTH 78TH STREET SCOTTSDALE, AZ 85251	86-0409636	501(C)(3)	1,135,469	82,124	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF CENTRAL & NORTHERN FLORIDA 1020 NORTH ORLANDO AVENUE SUITE 100 100 MAITLAND, FL 32751	59-3235806	501(C)(3)	1,023,740	29,883	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF CENTRAL & SOUTH TEXAS 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	74-2357788	501(C)(3)	578,159	45,907	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF CENTRAL & WESTERN NORTH CAROLINA 217 E TREMONT AVENUE CHARLOTTE, NC 28203	56-1492432	501(C)(3)	746,246	43,268	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF CENTRAL NEW YORK 5005 CAMPUSWOOD DRIVE EAST SYRACUSE, NY 13057	22-2572086	501(C)(3)	241,841	7,704	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF COLORADO 7951 E MAPLEWOOD AVENUE SUITE 126 GREENWOOD VILLAGE, CO 80111	74-2273004	501(C)(3)	996,871	147,800	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF CONNECTICUT 126 MONROE TURNPIKE TRUMBULL, CT 06611	22-2710919	501(C)(3)	769,765	54,373	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF EAST TENNESSEE 6005 CENTURY OAKS DRIVE SUITE 500 CHATTANOOGA, TN 37416	58-1799549	501(C)(3)	263,017	37,879	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF EASTERN NORTH CAROLINA 3809 COMPUTER DRIVE SUITE 201 RALEIGH, NC 27609	58-1792140	501(C)(3)	610,625	59,207	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GEORGIA 1775 THE EXCHANGE SE SUITE 200 ATLANTA, GA 30339	58-2146828	501(C)(3)	1,718,321	135,378	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF GREATER BAY AREA 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	94-2958481	501(C)(3)	1,585,598	114,358	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GREATER LOS ANGELES 11390 W OLYMPIC BLVD SUITE 300 LOS ANGELES, CA 90064	95-4107024	501(C)(3)	1,833,135	35,164	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF GREATER PENNSYLVANIA & WEST VIRGINIA THE GULF TOWER 707 GRANT STREET 37TH FLOOR PITTSBURGH, PA 152191916	25-1464177	501(C)(3)	829,477	55,052	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GREATER VIRGINIA 2810 N PARHAM ROAD SUITE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	498,593	65,427	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF GUAM 590 SOUTH MARINE CORPS DRIVE INT TRADE CTR STE 125 TAMUNING GUAM, GU 96913	98-0098218	501(C)(3)	52,055	14,407	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF HAWAII PO BOX 1877 HONOLULU, HI 96805	99-0220777	501(C)(3)	434,620	1,577	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF HUDSON VALLEY 832 SOUTH BROADWAY THE WISH HOUSE TARRYTOWN, NY 10591	13-3344306	501(C)(3)	513,434	18,223	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF IDAHO 310 W IDAHO STREET BOISE, ID 83702	82-0408150	501(C)(3)	265,194	65,076	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF ILLINOIS 640 NORTH LASALLE SUITE 280 CHICAGO, IL 60654	36-3422138	501(C)(3)	2,282,580	181,268	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF INTERNATIONAL 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 85016	86-0726985	501(C)(3)	2,472,743	10,814	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF IOWA 3009 100TH STREET URBANDALE, IA 503223220	42-1310530	501(C)(3)	232,022	33,265	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MAINE 66 MUSSEY ROAD SCARBOROUGH, ME 04074	01-0477512	501(C)(3)	203,070	15,345	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF MASSACHUSETTS & RHODE ISLAND ONE BULFINCH PLACE 2ND FLOOR BOSTON, MA 02114	22-2867371	501(C)(3)	1,165,510	28,786	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF METRO NEW YORK & WESTERN NEW YORK 500 5TH AVENUE SUITE 2900 NEW YORK, NY 10110	11-2645641	501(C)(3)	2,234,996	175,616	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF MICHIGAN 7600 GRAND RIVER AVENUE BRIGHTON, MI 48114	38-2505812	501(C)(3)	1,104,038	65,650	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF THE MID-ATLANTIC 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	52-1306075	501(C)(3)	1,741,232	87,718	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF MIDDLE TENNESSEE 8119 ISABELLA LANE SUITE 105A BRENTWOOD, TN 37027	62-1833327	501(C)(3)	479,701	60,420	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF THE MID-SOUTH 1780 MORIAH WOODS BLVD SUITE 10 MEMPHIS, TN 38117	62-1253153	501(C)(3)	397,134	57,173	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF MINNESOTA 1919 UNIVERSITY AVE W SUITE 415 ST PAUL, MN 55104	41-1422893	501(C)(3)	815,566	110,727	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MISSISSIPPI 607 HIGHLAND COLONY PARKWAY SUITE 100 RIDGELAND, MS 39157	64-0730362	501(C)(3)	255,770	25,366	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF MISSOURI AND KANSAS 8251 MARYLAND AVENUE SUITE 10 ST LOUIS, MO 63105	43-1550697	501(C)(3)	1,063,195	34,825	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MONTANA 1015 MOUNT AVE SUITE C MISSOULA, MT 59801	30-0882267	501(C)(3)	191,983	26,871	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF NEBRASKA 11836 ARBOR STREET OMAHA, NE 68144	47-0671096	501(C)(3)	241,224	13,995	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NEW HAMPSHIRE 814 ELM STREET SUITE 300 MANCHESTER, NH 031012230	02-0405369	501(C)(3)	269,584	4,108	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF NEW JERSEY 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	22-2488495	501(C)(3)	2,333,621	43,282	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NEW MEXICO 7400 TIBURON DR NE SUITE A1 ALBUQUERQUE, NM 87109	85-0347088	501(C)(3)	258,431	37,163	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF NORTH DAKOTA 4143 26TH AVENUE SOUTH SUITE 104 FARGO, ND 58104	45-0393770	501(C)(3)	119,522	30,377	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NORTH TEXAS 6655 DESEO IRVING, TX 75039	75-1889666	501(C)(3)	1,516,118	136,956	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF NORTHEAST NEW YORK 3 WASHINGTON SQUARE ALBANY, NY 12205	14-1703503	501(C)(3)	254,725	6,980	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NORTHEASTERN CALIFORNIA AND NORTHERN NEVADA 2800 CLUB CENTER DRIVE SACRAMENTO, CA 95835	68-0027351	501(C)(3)	863,450	46,717	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF OHIO KENTUCKY & INDIANA 2545 FARMERS DRIVE SUITE 300 COLUMBUS, OH 43235	34-1471131	501(C)(3)	2,699,283	232,274	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF OKLAHOMA 1900 NW EXPRESSWAY SUITE 700 OKLAHOMA CITY, OK 73118	73-1176743	501(C)(3)	359,119	11,853	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF ORANGE COUNTY & INLAND EMPIRE 3230 EL CAMINO REAL SUITE 100 IRVINE, CA 926021389	33-0036556	501(C)(3)	1,177,189	42,750	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF OREGON 2000 SW 1ST AVENUE SUITE 410 PORTLAND, OR 97201	82-0385049	501(C)(3)	495,709	76,191	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF PHILADELPHIA & SUSQUEHANNA VALLEY 5 VALLEY SQ SUITE 210 BLUE BELL, PA 19422	22-2755963	501(C)(3)	1,037,650	95,514	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF PUERTO RICO PO BOX 193348 SAN JUAN, PR 009193348	66-0529880	501(C)(3)	133,507	9,323	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF THE RIO GRANDE VALLEY 1801 S 2ND STREET SUITE 405 MCALLEN, TX 78503	74-2850325	501(C)(3)	70,159	9,253	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SAN DIEGO 2440 HOTEL CIRCLE NORTH SUITE 200 SAN DIEGO, CA 92108	33-0039466	501(C)(3)	605,007	51,047	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF SOUTH CAROLINA 225 SOUTH PLEASANTBURG DRIVE C17 GREENVILLE, SC 29607	57-0786119	501(C)(3)	653,940	83,716	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SOUTH DAKOTA 1400 WEST 17TH STREET SIOUX FALLS, SD 57104	46-0375953	501(C)(3)	111,222	37,539	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF SOUTHERN FLORIDA 4491 S STATE ROAD 7 SUITE 201 FT LAUDERDALE, FL 33314	59-2620322	501(C)(3)	1,669,201	58,463	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SOUTHERN NEVADA 9950 COVINGTON CROSS DR LAS VEGAS, NV 89144	88-0371088	501(C)(3)	855,138	8,015	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF SUFFOLK COUNTY 1 COMAC LOOP SUITE 1A1 RONKONKOMA, NY 11779	11-2666969	501(C)(3)	379,046	2,982	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF TEXAS GULF COAST & LOUISIANA 12625 SOUTHWEST FREEWAY STAFFORD, TX 77477	76-0116615	501(C)(3)	1,020,694	35,557	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF TRI-COUNTIES 4001 MISSION OAKS BLVD SUITE F CAMARILLO, CA 93012	77-0098671	501(C)(3)	251,421	26,415	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF UTAH 771 EAST WINCHESTER MURRAY, UT 84107	74-2392822	501(C)(3)	383,673	33,830	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF VERMONT 431 PINE STREET SUITE 214 SOUTH BURLINGTON, VT 05401	03-0323013	501(C)(3)	112,451	19,178	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF WISCONSIN 11020 WEST PLANK COURT SUITE 200 WAUWATOSA, WI 53226	39-1543541	501(C)(3)	860,501	74,200	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF WYOMING 236 W 1ST STREET CASPER, WY 82601	83-0276233	501(C)(3)	90,908	6,206	FMV	TRAVEL, M&E, SUPPLIES	FUNDING FOR OPERATIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number
86-0481941

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	MAWFA'S MANAGEMENT MAKES RECOMMENDATIONS TO THE COMPENSATION & MANAGEMENT DEVELOPMENT COMMITTEE OF THE BOARD OF DIRECTORS OF MAWFA ("THE COMMITTEE") AFTER CONSIDERING SUCH RECOMMENDATIONS, THE COMMITTEE SHALL MAKE EACH OF THE DETERMINATIONS REQUIRED BASED ON SEVERAL FACTORS, SUCH AS TOTAL POTENTIAL AWARD PERCENTAGE AND ALLOCATION OF AWARD PERCENTAGE BASED ON ORGANIZATION GOALS AND INDIVIDUAL GOALS, PERFORMANCE, ETC. FOR EACH PLAN YEAR. THE COMMITTEE SHALL HAVE THE SOLE DISCRETION TO MAKE ALL SUCH DETERMINATIONS AND DECISIONS.



Additional Data

Software ID:
Software Version:
EIN: 86-0481941
Name: MAKE-A-WISH FOUNDATION OF AMERICA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BIPIN JAYARAJ CHIEF INFORMATION OFFICER	(i)	195,600	0	1,800	4,620	3,769	205,789	0
	(ii)	0	0	0	0	0	0	0
DAVID MULVIHILL VP & GENERAL COUNSEL	(i)	261,337	45,000	0	12,750	7,767	326,854	0
	(ii)	0	0	0	0	0	0	0
DAVID WILLIAMS PRESIDENT AND CEO THRU 10/18	(i)	411,565	111,211	27,608	31,250	6,486	588,120	0
	(ii)	0	0	0	0	0	0	0
DEBORAH THOMPSON VP CHAPTER INITIATIVES	(i)	212,895	38,000	1,471	11,411	2,605	266,382	0
	(ii)	0	0	0	0	0	0	0
JANELL HOLAS VP OF BRAND & MARKETING	(i)	195,600	27	1,800	3,870	1,908	203,205	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN FORSHEY VP CORP ALLIANCES THRU 10/18	(i)	204,349	39,062	0	10,910	1,356	255,677	0
	(ii)	0	0	0	0	0	0	0
LESLIE MOTTER CHIEF OPERATING OFFICER	(i)	276,570	66,025	4,412	29,455	2,654	379,116	0
	(ii)	0	0	0	0	0	0	0
RYAN HEGSETH VP OF STRATEGIC PLANNING	(i)	170,392	30,000	1,177	8,038	300	209,907	0
	(ii)	0	0	0	0	0	0	0
THOMAS PARKER CHIEF HUMAN RESOURCES OFFICER	(i)	206,633	35,000	1,902	0	5,116	248,651	0
	(ii)	0	0	0	0	0	0	0
TODD SHELLENBERGER VP OF DEVELOPMENT	(i)	221,961	40,000	1,533	12,750	6,101	282,345	0
	(ii)	0	0	0	0	0	0	0
TREVOR VIGFUSSON CFO THRU 9/2018	(i)	136,860	5,000	6,928	0	5,487	154,275	0
	(ii)	0	0	0	0	0	0	0
PATRICIA CLEMENCY DIVERSITY/DEVELOPMENT OFFICER	(i)	148,521	0	3,589	7,014	2,196	161,320	0
	(ii)	0	0	0	0	0	0	0
STACY OWEN DIRECTOR OF CORPORATE ALLIANCES	(i)	125,429	15,602	7,420	7,420	2,710	158,581	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number
86-0481941

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	91	310,529	COST/SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AIRLINES/TRAV)	X	1,525	2,342,501	COST/SELLING PRICE
26 Other ▶ (WISH RELATED)	X	14,566	1,041,106	COST/SELLING PRICE
27 Other ▶ (OTHER)	X	16	6,904	COST/SELLING PRICE
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNT IN COLUMN (B) REPRESENTS BOTH THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number

86-0481941

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>THE MAKE-A-WISH FOUNDATION IS THE LARGEST WISH-GRANTING ORGANIZATION IN THE WORLD TOGETHER, WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES THE FOUNDATION'S WISH-GRANTING EFFORTS CREATE A LIFE-CHANGING IMPACT FOR THE CHILDREN WHO ARE GRANTED A WISH , AS WELL AS THEIR FRIENDS AND FAMILIES, REFERRAL SOURCES, DONORS, SPONSORS, AND EVEN ENTIRE COMMUNITIES FOUNDED IN 1980 WHEN A GROUP OF CARING VOLUNTEERS HELPED A BOY FULFILL HIS DREAM OF BECOMING A POLICE OFFICER, THE FOUNDATION NOW HAS GRANTED MORE THAN 315,000 WISHES TO CHILDREN IN THE UNITED STATES AND ITS TERRITORIES ALTHOUGH IT HAS BECOME ONE OF THE WORLD'S MOST WELL-KNOWN CHARITIES, THE MAKE-A-WISH FOUNDATION HAS MAINTAINED THE GRASSROOTS FULFILLMENT OF ITS MISSION A NETWORK OF NEARLY 40,000 VOLUNTEERS ENABLES THE FOUNDATION TO SERVE CHILDREN WITH CRITICAL ILLNESSES VOLUNTEERS WORK AS WISH GRANTERS, FUNDRAISERS , SPECIAL EVENTS ASSISTANTS, LANGUAGE INTERPRETERS AND IN NUMEROUS OTHER CAPACITIES THE MAKE-A-WISH FOUNDATION FINANCES ITS WORK THROUGH INDIVIDUAL CONTRIBUTIONS, CORPORATE DONATIONS, FOUNDATION GRANTS AND PLANNED GIFTS IT RECEIVES NO FEDERAL, STATE OR LOCAL GOVERNMENT FUNDING WISHES ARE GRANTED REGARDLESS OF THE CHILD'S RACE, SOCIOECONOMIC STATUS, RELIGIOUS BELIEFS OR ANY OTHER DEMOGRAPHIC CATEGORY REFERRALS FOR WISHES COME FROM CHILDREN'S PARENTS OR GUARDIANS, MEMBERS OF THE MEDICAL COMMUNITY AND THE CHILDREN THEMSELVES WHEN A WISH TEAM FIRST VISITS A CHILD, THE VOLUNTEERS START WITH ONE SIMPLE QUESTION "IF YOU COULD HAVE ONE WISH, WHAT WOULD IT BE?" WISHES TYPICALLY FALL INTO ONE OF FIVE CATEGORIES "I WISH TO GO " "I WISH TO MEET " "I WISH TO BE " "I WISH TO HAVE " OR "I WISH TO GIVE " GRANTING A WISH CREATES A MAGICAL MOMENT FOR SERIOUSLY ILL CHILDREN AT A TIME WHEN THEY NEED JOY THE MOST THE FOUNDATION MAKES EVERY EFFORT TO INCLUDE IMMEDIATE FAMILY IN THE CHILD'S WISH BECAUSE WATCHING A DREAM COME TRUE CREATES HOPE, STRENGTH AND JOY FOR EVERY ONE INVOLVED IN THE WISH EXPERIENCE THE FOUNDATION IS DEDICATED TO MAKING EVERY ELIGIBLE CHILD'S WISH COME TRUE FOR MORE INFORMATION ABOUT THE MAKE-A-WISH FOUNDATION, CALL 1-800-722-WISH (9474) OR VISIT WISH.ORG</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FOUNDATION'S BOARD OF DIRECTORS HAS DELEGATED THE PRIMARY REVIEW OF THE FORM 990 TO ITS AUDIT AND FINANCE COMMITTEE ("AFC") THE FOUNDATION'S CHIEF FINANCIAL OFFICER WORKED CLOSELY WITH THE FOUNDATION'S OUTSIDE ACCOUNTING FIRM TO PREPARE AND ENSURE THE ACCURACY OF THE FORM 990 THE AFC HAS THE RIGHT TO MAKE INQUIRIES OF ANY PERSONNEL INVOLVED IN THE PREPARATION PROCESS OF THE FORM 990, INCLUDING THE CHIEF HUMAN RESOURCES OFFICER AND MEMBERS OF THE SENIOR LEADERSHIP TEAM THE AFC ALSO MET WITH THE OUTSIDE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990 EACH MEMBER OF THE BOARD OF DIRECTORS WAS PROVIDED WITH A COMPLETE COPY OF THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION ADOPTED A "STATEMENT OF VALUES, CODE OF ETHICS AND CONFLICT OF INTEREST POLICY" IN 2004 WITH WHICH ALL OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS ARE REQUIRED TO COMPLY AND ACKNOWLEDGE BY SIGNING, UPON THEIR INITIAL INVOLVEMENT WITH THE FOUNDATION AND ANNUALLY THEREAFTER, AN "ANNUAL CONFLICT OF INTEREST AND ETHICS ASSURANCE STATEMENT" (THE "COI STATEMENT") EFFECTIVE JULY 2009, THE COI STATEMENT WAS EXPANDED TO INCLUDE AN ADDENDUM IN WHICH OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FAMILY AND/OR BUSINESS RELATIONSHIPS THEY MAY HAVE WITH OTHER OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF THE FOUNDATION THE SECRETARY OF THE BOARD IS CHARGED WITH ENSURING THE COI STATEMENT AND ADDENDUM ARE SIGNED EACH YEAR BY DIRECTORS, WHILE THE FOUNDATION'S HUMAN RESOURCES DEVELOPMENT IS CHARGED WITH ENSURING THOSE DOCUMENTS ARE SIGNED BY OFFICERS AND KEY EMPLOYEES IF ANY COVERED PERSON DISCLOSES A POTENTIAL OR ACTUAL CONFLICT, THE FOLLOWING PROCEDURE IS FOLLOWED (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2) THE COVERED PERSON RESPONDS TO ANY FACTUAL QUESTIONS FROM THE BOARD RELATED TO THE DISCLOSED CONFLICT, AND (3) THE BOARD, WITHOUT THE COVERED PERSON PRESENT, DISCUSSES THE CONFLICT AND APPROVES OR DISAPPROVES THE PROPOSED TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE TOTAL COMPENSATION (INCLUDING BASE SALARY, BENEFITS, AND INCENTIVE PAYMENTS) OF THE FOUNDATION'S CEO AND OFFICERS FOR 2019 WAS REVIEWED AND APPROVED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHOM HAD A CONFLICT OF INTEREST WITH RESPECT TO THE PROPOSED COMPENSATION ARRANGEMENTS. THE COMPENSATION REVIEW/APPROVAL PROCESS INCLUDED SUBSTANTIAL INPUT FROM THE FOUNDATION'S COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE AND EXECUTIVE COMMITTEE (COLLECTIVELY, THE "COMMITTEES"), AS WELL AS AN INDEPENDENT COMPENSATION AND BENEFITS SPECIALIST ("INDEPENDENT EXPERT") RETAINED TO ADVISE THE FOUNDATION IN SUCH MATTERS. AMONG OTHER THINGS, THE COMMITTEES AND THE INDEPENDENT EXPERT REVIEWED APPROPRIATE COMPARABILITY INFORMATION REGARDING THE COMPENSATION PAID BY OTHER SIMILARLY SITUATED NONPROFIT ORGANIZATIONS TO THEIR CEOS AND TOP MANAGEMENT OFFICIALS TO ENSURE THAT THE COMPENSATION PROPOSED FOR THE CORRESPONDING EXECUTIVE AT THE FOUNDATION WAS REASONABLE AND APPROPRIATE BASED ON COMPARABLE MARKET DATA. THE FOUNDATION'S CONTEMPORANEOUS RECORDS INCLUDE (1) THE TERMS OF THE COMPENSATION ARRANGEMENTS (INCLUDING THE DATES THEY WERE APPROVED), (2) THE NAMES OF BOARD/COMMITTEE MEMBERS WHO WERE PRESENT DURING THE DISCUSSIONS AND WHO VOTED ON THE ARRANGEMENTS, AND (3) A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON BY THE FOUNDATION BEFORE THE COMPENSATION ARRANGEMENTS WERE APPROVED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALTHOUGH FEDERAL TAX LAWS DO NOT MANDATE THAT AN ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE FOUNDATION POSTS ITS ANNUAL REPORT AND FORM 990 ON ITS WEBSITE (HTTP //WWW WISH ORG/MA NAGING-OUR-FUNDS) AND ALSO MAKES SUCH DOCUMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST -34,698