TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

AUGUST 31, 2018

Prepared for	
	MAKE-A-WISH FOUNDATION OF NORTH TEXAS 16803 DALLAS PARKWAY NO. 100 ADDISON, TX 75001
Prepared by	DELOITTE TAX LLP TWO JERICHO PLAZA JERICHO, NY 11753
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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Form	330

** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

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



AF	or the	2017 calendar year, or tax year beginning SEP 1, 2017 and	ending At	JG 31, 2018	
B c	heck if	e: C Name of organization		D Employer ident	fication number
X	Addre:				
	Name Chang	e Doing business as		75-18	89666
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	ber
	Final return/		100	214-4	96-9474
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,413,641.
	Ameno	ADDISON, TX 75001		H(a) Is this a group	return
	Applic	^{a-} F Name and address of principal officer: SCOTTY LANDRY		for subordinat	es? Yes X No
	pendir	⁹⁹ SAME AS C ABOVE		H(b) Are all subordinates	s included? Yes No
Т	ax-exe	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach	a list. (see instructions)
-		e: NTX.WISH.ORG		H(c) Group exempt	ion number 🕨
ΚF	orm of	organization: 🗴 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨	L Year o	of formation: 1983	${\boldsymbol{M}}$ State of legal domicile: ${}^{\mathtt{T}{\mathtt{X}}}$
Pa	nrt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SEE SC	HEDULE O.		
anc					
Activities & Governance	2	Check this box $ig > igsquart$ if the organization discontinued its operations or dispo	sed of more	than 25% of its net	assets.
Ň		Number of voting members of the governing body (Part VI, line 1a)			28
ن مە	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a) \ldots		56	
ivit		Total number of volunteers (estimate if necessary)	1131		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			,
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		b 13,219.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		12,252,930	
/eni		Program service revenue (Part VIII, line 2g)		9,150	,
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,426	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-111,192	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,180,314	, ,
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,588,892	, ,
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,680,635	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		401,030	208,000.
Т. Д		Total fundraising expenses (Part IX, column (D), line 25)		4 540 044	4 556 225
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,542,242	, ,
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,212,799	, ,
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		-32,485	,
ts or inces				ginning of Current Yea	
Net Assets (Fund Balance		Total assets (Part X, line 16)		10,696,874	
let A		Total liabilities (Part X, line 26)		5,587,233	, ,
	22	Net assets or fund balances. Subtract line 21 from line 20		5,109,641	5,164,366.

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.

<u>.</u>	Signature of officer	Dat	e							
Sign Here	BELINDA MARSHALL, CHIEF ADMINISTRATIVE OFFICER Type or print name and title	Dut	•							
	Print/Type preparer's name Preparer's signature	Date	Check PTIN							
Paid	CHRISTINE KAWECKI	07/12/19	self-employed P00743140							
Preparer	Firm's name DELOITTE TAX LLP	Firm	n's EIN 🕨 86–1065772							
Use Only	Firm's address 🗩 TWO JERICHO PLAZA									
	JERICHO, NY 11753	Pho	one no.516-918-7000							
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	J2001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		SH FOUNDATION OF NORTH TEXAS	75-188966	56 Page 2
Pa	t III Statement of Program S	service Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part III		X
1	Briefly describe the organization's mis			
		F NORTH TEXAS CREATES LIFE-CHANGI	NG WISHES	
	FOR CHILDREN WITH CRITICAL I	LLNESSES.		
2	Did the organization undertake any sig	nificant program services during the year w	hich were not listed on the	
-				Yes X No
	If "Yes," describe these new services			
3		g, or make significant changes in how it cond	ducts, any program services?	Yes X No
	If "Yes," describe these changes on S		, , , , , , , , , , , , , , , , , , ,	
4		ervice accomplishments for each of its three	e largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organiz	zations are required to report the amount of	grants and allocations to others, the total	expenses, and
	revenue, if any, for each program serv	ice reported.		
4a	(Code:) (Expenses \$	7,902,866. including grants of \$	5,613,418.) (Revenue\$	9,495.)
	SEE SCHEDULE O.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				,
4d	Other program services (Describe in S	,		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	7,902,866.		- 000 (
				Form 990 (2017)
73200	2 11-28-17	2		
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Form 990 (2017) MAKE-A-WISH FOUNDA MAKE-A-WISH FOUNDATION OF NORTH TEXAS

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га				<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.5	x	
Ŀ	Part VI	11a	Δ	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢"⊣		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
		-	000	(0017)

Form **990** (2017)

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	990 (2017) MAKE-A-WISH FOUNDATION OF NORTH TEXAS 75-18896	66	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			_
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	2 4a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24 d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25 b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			x
27	If "Yes," complete Schedule R, Part V, line 2	36	 	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	 	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O	აბ	^	I

Form **990** (2017)

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	990 (2017) MAKE-A-WISH FOUNDATION OF NORTH TEXAS		75-1889666		P	age 5
Pa						
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	78			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c	Х	
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	-	56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)		-		
				3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			-		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
Ud	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			Ua		
D	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices i	provided to the pavor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		-	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	-	ct?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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? \dots			9b		
10	Section 501(c)(7) organizations. Enter:		1			
	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:	- م م ا	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	j l	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.					
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				
с	Enter the amount of reserves on hand	13c				
	Did the summination was in a summaria for independent in a sumination of the terms of 0		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2017)

732005 11-28-17

_	990 (2017) MAKE-A-WISH FOUNDATION OF NORTH TEXAS 75-1889666 t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r		ag
1 01	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO I	espoi	130
	Check if Schedule O contains a response or note to any line in this Part VI			2
Sec	tion A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Σ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		2
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Σ
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	1
0a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
4	Did the organization have a written document retention and destruction policy?	14	х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►TX			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.	avanac		
	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	d finan	cial	
	statements available to the public during the tax year.		olui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BELINDA MARSHALL - 214-496-9474			
	16803 DALLAS PARKWAY, STE.100 , ADDISON, TX 75001			
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Form 990 (20	117) MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

Name and Title Average hours per verse list any bours of regeneration between an executivation between an executivation between an executivation from from from from organization (W2/1099-MISC) Estimated compensation from from organization (W2/1099-MISC) Estimated compensation from the organization organization (W2/1099-MISC) Estimated compensation from the organization organization (W2/1099-MISC) (1) KATHY LEONARD 3.00 X X 0. 0. (1) KATHY LEONARD 1.00 X X 0. 0. (1) KATHY LEONARD 1.00 X X 0. 0. 0. (1) KATHY LEONARD 1.00 X X 0. 0. 0. 0. (1) MATHY LEONARD 1.00 X X 0. 0. 0. 0. (2) NORENT LLOYD 1.00 X X 0. 0. 0. 0. (1) JANNAH HODOES 1.00 X X 0. 0. 0. 0. 0. DIRECTOR 1.00 X V 0. 0. 0. 0. 0. 0. 0. 0.	(A)	(B)	(C)		(D)	(E)	(F)				
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Form **990** (2017)

Form 990 (2017) MAKE-A-WISH F	OUNDATION	OF	NOR	тн	TEX	AS			75-188966	6		Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck	more erson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of
	(list any hours for related ordianizations pelow line) frome from from from from from from from from		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		omper from organiz and re	nsation the zation				
(18) HOWARD WESTERMAN DIRECTOR	1.00	x						0.).		0.
(19) JAMES STURM	1.00											
DIRECTOR THROUGH 10/18/17		x						0.	() .		٥.
(20) JAMIL ALIBHAI	1.00											
DIRECTOR		х						0.	().		0.
(21) JOHN MARTILLO	1.00											
DIRECTOR THROUGH 4/17/18		х						0.	().		٥.
(22) JOSHUA PAINE	1.00	I										
DIRECTOR	1 00	х						0.	().		0.
(23) JULIE GARRETT DIRECTOR	1.00	x						0.				0.
(24) KATE HANEY	1.00	^						0.		·.		0.
DIRECTOR	1.00	x						0.				٥.
(25) KENDALL BROWN	1.00											
DIRECTOR		x						0.	().		Ο.
(26) LEE WILLIAMS	1.00											
DIRECTOR		х						0.	() .		0.
1b Sub-total								0.	().		٥.
c Total from continuation sheets to Part VI								988,218.).		80,093.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not not provide the propriation) 							► ho r	988,218. eceived more than \$100).	8	80,093. 6
compensation from the organization											Ye	
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>										3		x
4 For any individual listed on line 1a, is the su	m of reportab	le co	 omo	ens	atior	 n and	to b	her compensation from	the organization			
and related organizations greater than \$150									and organization	4	x	_
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	olete Schedul	e J f	for s	uch	pers	son .		-		. 5		х
Section B. Independent Contractors												
1 Complete this table for your five highest co										nsatio	n fron	ı
the organization. Report compensation for t	he calendar y	ear	endi	ing v	vith	or w	ithii		year.			
(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensa	tion
COMMUNITY COUNSELING SERVICES							_	Becomption of e		00111	001104	
PO BOX 824885, PHILADELPHIA, PA 19182								CAMPAIGN CONSULTIN	G		36	8,378.
,												,
							_					
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz		iot li	mite	d to		se li: 1	steo	d above) who received m	nore than			
SEE PART VII, SECTION A CONTINU		TS								For	m 99	0 (2017)
732008 11-28-17												. /

	I FOUNDATION								75-188966	6
Part VII Section A. Officers, Directors, 7		nplo	byee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(C	nec: I	k all i	tnat	app I	iy)	compensation from	compensation from related	amount of other
	week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted er		(W-2/1099-MISC)	· · · · ·	organization
	related	stee o	rustee			oen sa				and related
	organizations	al tru	onal t		ployee	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LESLIE KEATING	1.00	드	-	6	ž	Ŧ	5			
DIRECTOR	1.00	x						0.	0.	0.
(28) RACHEL STEPHENS	1.00								•	
DIRECTOR		x						0.	0.	0.
(29) SHARI KRUEGER	1.00								•	
DIRECTOR		x						0.	0.	0.
(30) STEVE DUMAINE	1.00									
DIRECTOR		x						0.	0.	0.
(31) THOMAS WHEAT	1.00									
DIRECTOR		x						0.	0.	0.
(32) WARRIE BIRDWELL	1.00									
DIRECTOR		х						Ο.	Ο.	0.
(33) WILLIAM LEE	1.00									
DIRECTOR		х						٥.	0.	0.
(34) SCOTTY LANDRY	50.00									
PRESIDENT AND CEO				X				290,111.	0.	16,166.
(35) BELINDA MARSHALL	50.00									
CHIEF ADMINISTRATIVE OFFICER				X				147,658.	0.	12,682.
(36) ERIN FISCHER	50.00								_	
CHIEF DEVELOPMENT OFFICER					х			155,912.	0.	13,413.
(37) SUSAN SCHEFFE	50.00							140 550		10 510
CHIEF PROGRAM/STRATEGY OFFICER	F0.00					X		140,776.	0.	12,719.
(38) JENNIFER FOMIN CHIEF MARKETING OFFICER	50.00					x		147,334.	0.	10 707
(39) JESSICA RHODES	50.00					^		147,354.	0.	12,707.
VP OF REGIONAL DEVELOPMENT	50.00					x		106,427.	0.	12,406.
								100,127.		12,100.
		1								
		<u> </u>	 	 						
			-		-					
		L		·	L	L				
Total to Part VII, Section A, line 1c								988,218.		80,093.

732201 04-01-17

				ION OF NORTH	TEXAS		75-1889666	Page 9
Par	t V							
		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII	(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	a Federated campaigns	1a	19,796.				
lo la		b Membership dues						
An 's		c Fundraising events		3,124,040.				
<u>ia</u> r		d Related organizations						
Sin's		e Government grants (contributi	· ·					
ier utio	1	f All other contributions, gifts, grant						
55 162		similar amounts not included abov		7,938,054.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines	-	2,435,496.	11,081,890.			
0		h Total. Add lines 1a-1f		Business Code	11,001,000.			
a	2 8	a WISH ASSIST FEES		900099	9,000.	9,000.		
Program Service Revenue	_				-,	- , •		
Sel nue		с						
eve eve		d						
pg B		e						
Ϋ́	1	f All other program service reve	nue					
		g Total. Add lines 2a-2f			9,000.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	69,029.		-1,261.	70,290.
	4	Income from investment of tax	• •					
	5	Royalties						
		. .	(i) Real	(ii) Personal				
		a Gross rents	141,887. 123,244.					
		b Less: rental expenses	18,643.					
		 c Rental income or (loss) d Net rental income or (loss) 	,		18,643.		18,643.	
		a Gross amount from sales of	(i) Securities	(ii) Other	10,010.		10,010.	
		assets other than inventory	334,246.	i				
	I	b Less: cost or other basis	, -	,				
		and sales expenses	315,235.	5,063.				
	(c Gain or (loss)	19,011.	-1,842.				
		d Net gain or (loss)		►	17,169.			17,169.
Other Revenue	8 8	a Gross income from fundraising including \$ 3,124						
eve		contributions reported on line						
л Н		Part IV, line 18	а	769,674.				
Ĕ	I	b Less: direct expenses	b	920,909.				
Ŭ	(c Net income or (loss) from fund	raising events	►	-151,235.			-151,235.
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19						
		b Less: direct expenses		,	_			
		c Net income or (loss) from gam		▶	0.			
	10 a	a Gross sales of inventory, less		4.65				
		and allowances						
		b Less: cost of goods sold			465	465		
┝		c Net income or (loss) from sales		Business Code	465.	465.		
┝	11 -	Miscellaneous Revenue a REBATES	5	900099	30.	30.		
		b			50.	50.		
		d All other revenue						
		e Total. Add lines 11a-11d			30.			
_	12	Total revenue. See instructions.			11,044,991.	9,495.	17,382.	-63,776.
732009	9 11-2							Form 990 (2017)

732009 11-28-17

23570715 149899 MAWFNTX

¹⁰

Part IX Statement of Functional Expenses

75-1889666

-	Check if Schedule O contains a respons		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(ם) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	5,613,418.	5,613,418.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	624,580.	267,631.	99,183.	257,766
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	2,230,685.	939,963.	357,174.	933,548
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	82,048.	37,669.	11,434.	32,945
9	Other employee benefits	206,352.	98,010.	31,832.	76,510
10	Payroll taxes	237,803.	105,682.	37,351.	94,770
11	Fees for services (non-employees):				
а	Management				
b	Legal	52,574.	812.	51,004.	758
	Accounting	112,922.	48,465.	19,453.	45,004
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	208,000.		12.005	208,000
f	Investment management fees	17,826.		17,826.	
g	Other. (If line 11g amount exceeds 10% of line 25,	150.001		05 004	04 005
	column (A) amount, list line 11g expenses on Sch 0.)	173,231.	55,302.	25,934.	91,995
12	Advertising and promotion	5,519.	4.44, 4.00		5,519
13	Office expenses	244,531.	141,493.	22,025.	81,013
14	Information technology	127,673.	57,972.	15,818.	53,883
15	Royalties	000.000	105 005	22.002	00.076
16	Occupancy	238,026.	105,927.	33,023.	99,076
17	Travel	106,906.	45,337.	11,515.	50,054
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	04.252	21 402	14 007	20 772
19	Conferences, conventions, and meetings	84,352.	31,482.	14,097.	38,773
20		50,014.	22,506.	6,502.	21,006
21	Payments to affiliates	160 959	76 426	22,082	71 240
22	Depreciation, depletion, and amortization	169,858.	76,436.	22,082.	71,340
23		1,096.		1,096.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	NATIONAL DUES	310,510.	245,303.	31,051.	34,156
b	BANK & MERCHANT FEES	38,376.	242.	5,523.	32,611
с	BAD DEBT EXPENSE	16,568.	0.	0.	16,568
d	ALL OTHER MISC	15,782.	4,340.	4,214.	7,228
е	All other expenses	10,571.	4,876.	1,344.	4,351
25	Total functional expenses. Add lines 1 through 24e	10,979,221.	7,902,866.	819,481.	2,256,874
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

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Check here

23570715 149899 MAWFNTX

_____ if following SOP 98-2 (ASC 958-720)

11 2017.06000 MAKE-A-WISH FOUNDATION OF N MAWFNTX1

Form **990** (2017)

23570715 149899 MAWFNTX

Form 990 (2017)

1

2

Part X Balance Sheet

	2	Savings and temporary cash investments			701,040.	2	295,510.
	3	Pledges and grants receivable, net			2,360,903.	3	2,263,206.
	4	Accounts receivable, net			1,411.	4	72,525.
		Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
,		employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net			7		
		Inventories for sale or use			60,234.	8	35,893
	9	Prepaid expenses and deferred charges			29,102.	9	33,467
		Land, buildings, and equipment: cost or other	I I		/ -		,
	iou	basis. Complete Part VI of Schedule D	102	12,734,618.			
	b	Less: accumulated depreciation	100	1,347,615.	2,882,613.	100	11,387,003
	11	Investments - publicly traded securities			1,442,976.		1,654,328
	12	Investments - other securities. See Part IV, line 1			121,909.		119,614
	13	Investments - program-related. See Part IV, line				13	115,014
	13 14					14	
		Intangible assets			188,341.	14	193,705
	15	Other assets. See Part IV, line 11			10,696,874.		19,011,174
-	16	Total assets. Add lines 1 through 15 (must equa			842,496.		645,319
	17	Accounts payable and accrued expenses		042,490.		045,519	
	18	Grants payable			6 290	18	21 000
	19	Deferred revenue			6,280.	19	21,090
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I			21		
	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
		Secured mortgages and notes payable to unrela			23	8,432,547	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			4,738,457.		4,747,852
	26	Total liabilities. Add lines 17 through 25			5,587,233.	26	13,846,808
		Organizations that follow SFAS 117 (ASC 958		k here ▶ ⊥X and			
		complete lines 27 through 29, and lines 33 an					
5	27	Unrestricted net assets			2,581,876.	27	2,850,613
	28	Temporarily restricted net assets			2,527,765.	28	2,162,946
	29	Permanently restricted net assets		0.	29	150,807	
		Organizations that do not follow SFAS 117 (A), check here ▶				
		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 ec	t fund		31		
	32	Retained earnings, endowment, accumulated in	come, c	r other funds		32	
:	33	Total net assets or fund balances			5,109,641.	33	5,164,366
	34	Total liabilities and net assets/fund balances			10,696,874.	34	19,011,174.

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

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

Cash - non-interest-bearing

Savings and temporary cash investments

75-1889666

1

2

(A) Beginning of year

2,908,345

701,040

Page **11**

2,955,923.

295,510.

(B) End of year

Form	1990 (2017) MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	,044	<u>,991</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,979	,221.
3	Revenue less expenses. Subtract line 2 from line 1	3		65	,770.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	,109	,641.
5	Net unrealized gains (losses) on investments	5		2	,258.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-13	,303.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5	,164	,366.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2017)

732012 11-28-17

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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 instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nam	e of t	the organization							identification numbe	r
_				N OF NORTH TEXAS					5-1889666	_
Ра	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(*	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organiz					•)(iii). Enter	the hospital's name	
•		city, and state:							ine neepida e name,	
5		An organization operated for	or the bonefit of a co	llogo or university owned	d or opora	tod by a a	ovornmontal	unit doscrik	and in	
5				lege of university owned	u ur upera	leu by a y	overnmentari			
-		section 170(b)(1)(A)(iv). (C	• •							
6		A federal, state, or local go	•				. ,			
7	X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	f the colleg	je or	
		university:								
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from	1
		activities related to its exen	•					-	•	
		income and unrelated busir		•	• • •				•	
		See section 509(a)(2). (Cor		(,,			······, ·····	J		
11		An organization organized a	•	ively to test for public sa	afety See	section 50)9(a)(4).			
12		An organization organized a	-	•	•			arry out the	nurnoses of one or	
		more publicly supported or	-	-	-			•		
			-							
_		lines 12a through 12d that				-		-	·	
а		Type I. A supporting orga	-	-	•					
		the supported organization			a majority (of the dire	ctors or truste	ees of the s	supporting	
		organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	pported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally interpretent of the second	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Ily integrat	ed with,	
		_ its supported organizatio	n(s) (see instructions	b). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requirement (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported of	organizations		0 0					
		vide the following informatior							•	
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	f monetary	(vi) Amount of other	-
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions))
										-
										-
				 						_
Tota										_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 14

Part II

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

tion A. Public Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	8,214,291.	9,189,487.	9,574,115.	12,252,930.	11,081,890.	50,312,713.
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3	8,214,291.	9,189,487.	9,574,115.	12,252,930.	11,081,890.	50,312,713.
The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
Public support. Subtract line 5 from line 4.						50,312,713.
tion B. Total Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Amounts from line 4	8,214,291.	9,189,487.	9,574,115.	12,252,930.	11,081,890.	50,312,713.
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources \dots	9,635.	15,878.	6,772.	27,142.	193,534.	252,961.
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on					17,382.	17,382.
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)	659,918.	957,590.	772,876.	879,678.	774,368.	4,044,430.
Total support. Add lines 7 through 10						54,627,486.
Gross receipts from related activities,	etc. (see instruction	ons)			12	54,095.
First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
organization, check this box and stop	here					>
tion C. Computation of Public	ic Support Pe	rcentage				
		•			14	92.10 %
					15	92.42 %
33 1/3% support test - 2017. If the c	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
10% -facts-and-circumstances test	t - 2017. If the org	anization did not ch	neck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organization meets the "fac	ts-and-circumstan	ces" test, check thi	is box and stop h	ere. Explain in Pa	t VI how the organ	ization
meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶∟
	-					
		motonooo" toot ob	aali thia hav and a	aton have Evolain	in Dort VI how the	
more, and if the organization meets th	ie macts-and-circu	instances test, chi	eck this box and a	stop nere. Explain	i in Part vi now the	
more, and if the organization meets the organization meets the "facts-and-circ						
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for <td>dar year (or fiscal year beginning in) (a) 2013 Gifts, grants, contributions, and (b) 2013 membership fees received. (Do not include any "unusual grants.") 8,214,291. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 8,214,291. The value of services or facilities furnished by a governmental unit to the organization without charge 8,214,291. Total. Add lines 1 through 3 8,214,291. 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) (a) 2013 Public support. Subtract line 5 from line 4. (a) 2013 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 659,918. Total support. Add lines 7 through 10 659,918. Gross receipts from related activities, etc. (see instruction's organization, check this box and stop here. 9,635. First five years. If the Form 990 is for the organization's organization, check this box and stop here. 9,635. Public support percentage for 2017 (line 6, column (f) di Public support percentage for 2017 (line 6, column (f) di Public support percentage for 2017 (line 6, column (</td> <td>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 8,214,291.9,189,487. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 9,189,487. The value of services or facilities furnished by a governmental unit to the organization without charge 8,214,291.9,189,487. Total. Add lines 1 through 3 8,214,291.9,189,487. 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Schedule A (Form 990 or 990-EZ) 2017

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

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

Sec	ction A. Public Support	,	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			i			
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization'	s first, second. thi	rd, fourth, or fifth t	ax year as a section	- on 501(c)(3) ord	anization,
	check this box and stop here	0					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2017 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 of 990-EZ) 201

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Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Schedule A (Form 990 or 990-EZ) 20 ⁻	7 MA	AKE-A-WISH	FOUNDATION	OF	NORTH	TEXAS
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Pa	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations			
000	tion D. Type I Supporting Organizations		Vee	Na
	Did the diverters twenters as manchemble of one or more supremination base the neurophe		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
5	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	-	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructors of each of the supported organizations? <i>Provide datails in</i> Part VI	0-		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
α	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OL.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0047
/3202	5 10-06-17 Schedule A (Form 9	90 OF 95	70-⊏ ∠)	2017
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Sch	edule A (Form 990 or 990-EZ) 2017 MAKE-A-WISH FOUNDATION OF NORTH T	75-1889666	Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explai	n in Part VI.) See ins	structions. Al
	other Type III non-functionally integrated supporting organizations must	complete §	Sections A through E.		
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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				

Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) On C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly value of securities 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4	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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly value of securities Average monthly value of securities Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Multiply line 5 by .035 Recoveries of prior-year distributions on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Discoum Asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Enter greater of line 2 or line 3

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

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017	MAKE-A-WISH	FOUNDATION	OF	NORTH	TEXAS
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Pa	t V Type III Non-Functionally Integrated 509			Page /
	ion D - Distributions		(continuea)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ž	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

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.)

75-1889666

Page 8

PART II, LINE 10 - OTHER INCOME:

GROSS FUNDRA	TOTNO PEV					
	TOING KEV.	\$590,587	\$884,073	\$682,823	\$857,859	\$769,674
GROSS GAMING	REVENUE	\$67,625	\$70,986	\$89,224	\$20,675	\$4,199
GROSS INVENT	ORY SALE	\$1,495	\$1,224	-	\$535	\$465
OTHER REVENU	Е	\$211	\$1,307	\$829	\$609	\$30
TOTAL		\$659,918	\$957,590	\$772,876	\$879,678	\$774,368

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

Department of the Treasury Internal Revenue Service

Schedule B

(Form 990, 990-F7.

QQ0_DE

Name of the organization

	MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	\boxed{X} 501(c)(³) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

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

General Rule

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

Special Rules

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

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

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization	i organization
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MAKE-A-WISH FOUNDATION OF NORTH TEXAS

Employer identification number

75-1889666

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,945,990.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,611,458.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$39,731.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01	1-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017

23 2017.06000 MAKE-A-WISH FOUNDATION OF N MAWFNTX1

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Page **3** Employer identification number

75-1889666

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TRAVEL, M&E, SUPPLIES		
		\$183,653.	08/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	THEME PARK TICKETS, MEALS, TRANSPORTATION		
		\$\$	08/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-0		\$ Schedule B (Form 9 4	90, 990-EZ, or 990-PF)

^{2017.06000} MAKE-A-WISH FOUNDATION OF N MAWFNTX1

Page	4
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me of orga	nization		Employer identification number
KE-A-WIS	SH FOUNDATION OF NORTH TEXAS Exclusively religious, charitable, etc., cont the year from any one contributor. Complete (ributions to organizations described	75–1889666 Tin section 501(c)(7), (8), or (10) that total more than \$1,000 fo wing line entry. For organizations
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) *
a) No.	Use duplicate copies of Part III if addition	al space is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
- - -			
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
454 11-01-1	7	25	Schedule B (Form 990, 990-EZ, or 990-PF) (2

^{2017.06000} MAKE-A-WISH FOUNDATION OF N MAWFNTX1

SCHEDULE D

Department of the Treasury

Internal Revenue Service

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



Name of the organization		Name	of the	organization
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Name	of the organization			Em	ployer identification number
Der	MAKE-A-WISH FOUNDATION OF NO		Other Cimilar Fund		75-1889666
Par			Other Similar Fund	is of Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		nor advised funds	(b) Eur	nds and other accounts
		(a) DOI	IOI advised fullus	(b) Fui	
	Total number at end of year				
	Aggregate value of contributions to (during year)				
	Aggregate value of grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advisors in v	-			
	are the organization's property, subject to the organization's				Yes II No
	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o			•	
Par	impermissible private benefit?				
		-		, Part IV, line /	·
1	Purpose(s) of conservation easements held by the organization	-			
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of a his	• •	
	Protection of natural habitat		Preservation of a ce	rtified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation	on contribution in the forr	n of a conserv	
	day of the tax year.				Held at the End of the Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic stru	ucture include	d in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, a	and not on a historic struc	ture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extingu	ished, or terminated by t	he organizatio	n during the tax
	year ▶				
4	Number of states where property subject to conservation eas	sement is loca [.]	ted 🕨		
5	Does the organization have a written policy regarding the per	riodic monitorir	ng, inspection, handling o	f	
	violations, and enforcement of the conservation easements it	t holds?			YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of vid	plations, and enforcing co	nservation ea	sements during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violation	ns, and enforcing conserv	ation easeme	nts during the year
	\$				
8	Does each conservation easement reported on line 2(d) abov	/e satisfy the re	equirements of section 17	'0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes 🔄 No
9	In Part XIII, describe how the organization reports conservation	on easements	in its revenue and expense	se statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial	statements that describe	s the organiza	tion's accounting for
	conservation easements.				
Par	t III Organizations Maintaining Collections of	f Art, Histor	rical Treasures, or (Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	i 990, Part IV, li	ine 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	report in its revenue state	ement and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, educa	tion, or research in further	ance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these item	IS.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to rep	ort in its revenue stateme	nt and balanc	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec				
	relating to these items:	-		,	Ŭ
	(i) Revenue included on Form 990, Part VIII, line 1			►	\$
	AND 1			•	
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under SFAS 1				
	Revenue included on Form 990, Part VIII, line 1		-		\$
	Assets included in Form 990, Part X				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
732051	10-09-17

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3 Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items	Sche	dule D (Form 990) 2017 MAKE-A-WIS	H FOUNDATION OF	NORTH TEXAS			75-188	39666	Pa	age 2
check all that apply: a b <th>Par</th> <th>t III Organizations Maintaining (</th> <th>Collections of A</th> <th>t, Historical</th> <th>Treasures, o</th> <th>or Other</th> <th>r Similar As</th> <th>sets(conti</th> <th>nued)</th> <th></th>	Par	t III Organizations Maintaining (Collections of A	t, Historical	Treasures, o	or Other	r Similar As	sets(conti	nued)	
a Public achibition during the year bit of the organization activity of the reganization of the organization solid crites the organization assessed "Yes" on Form 990, Part X, line 21. a Is the organization and the organization activity of the organization assessed "Yes" on Form 990, Part X, line 21. b Each Yes, "explain the arrangement in Part XIII and complete the following table: c Beginning balance direction of Form 990, Part X, line 21. c Beginning balance direction of Form 990, Part X, line 21. c Beginning balance direction of Form 990, Part X, line 21. a Statis the organization and part of the organization assessed "Yes" on Form 990, Part X (line 41. c Beginning balance direction of Form 990, Part X, line 21. b Contributions during the year direction of Form 990, Part X, line 21. c Beginning balance direction of Form 990, Part X, line 21. c Beginning balance direction of Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Beginning of year balance direction on Form 990, Part X, line 21. c Dorthoutions during the year direction on Form 990, Part X, line 20. c Dorthoutions during the year direction on Form 990, Part X, line 20. c Dorthoutions during the year direction on Form 990, Part X, line 20. c Dorthoutions during the year direction on Form 990, Part X, line 10. c Dorthoutions during the year direct	3	Using the organization's acquisition, access	ion, and other record	s, check any of t	he following tha	at are a sig	nificant use of	its collectic	n item	S
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise hund strather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes" No b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1e Amount d Additions during the year 1e 1 b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Porvide the estimated part of the organization answered 'Yes' on Form 990, Part X, line 21. Yes in Form Yes'. a Beginning of year balance (a) Current year (b) Prior year (b) Prior year balance (b) Prior year (c) Two years bakk (b) Four years bakk		(check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's collection?	а	Public exhibition	d	Loan or e	exchange progra	ams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be mantained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete fit the organization answered "Yes" on Form 990, Part X, Iine 9, or reported an amount on Form 990, Part X, Iine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is disting balance Le Amount Le Beginning balance Le Amount Le Distributions during the year Le Le Distributions during the year Le Le Distributions during the year Le Distributions during the year Le Distributions Scontributions Distributions Scontributions Distributions Scontributions Distributions Distribut	b	Scholarly research	e	Other						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 3, or reported an amount on Form 990, Part X, line 21. If a Is the organization an generative intermediary for contributions or other assets not included on Form 990, Part X? If a Is the organization angenent in Part XIII and complete the following table:	С	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection? Image: Text of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Talls the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Text of the organization and the year Image: Text of the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: Text of the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: Text of the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: Text of the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability? Image: Text of text o	4							°art XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 4). Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions of complete intermediary for contributions of complete intermediary for each on Part XII Image: Complete intermediary for contributions of complete intermediary for each on Part XII Image: Complete intermediary for contributions of complete intermediary for each on Part XII Image: Complete interm	5	During the year, did the organization solicit of	or receive donations of	of art, historical t	reasures, or oth	er similar a	assets			_
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? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d d Distributions during the year 1d e Distributions 1f 1d explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X, line 10. 1d Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part W, line 10. 1d is Contributions (e) Prior year de) Part V (f) Three years back if (e) Three years back if (e) Three years back if (e) Three years back if (No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the following table: Image: Complete the	Par			ete if the organiza	ation answered	"Yes" on F	orm 990, Part	IV, line 9, o	r	
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part W, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (d) Three years back (e) Four years back (e) Four years back 1 Grants or scholarships (a) Current year (b) Prior year (d) Three years back (e) Four years back 2 End of year balance (a) Current year end balance (line 1g, column (a)) held as: abcard designated or quasi-endowment \stopassession of the organization that are helid and admi		reported an amount on Form 990, Pa	art X, line 21.							
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a						r			-
c Beginning balance Image: Construction of the system							l	Yes		No
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (c) Three years back (c) Two years back<		-				-	y?l	Yes		JNO ⊓
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b Contributions	4		(a) Current year	(b) Prior year	(C) TWO year	IS DACK (C	a) Three years ba	CK (e) FOU	ryears	DACK
c Net investment earnings, gains, and losses	1a 5							<u> </u>		
d Grants or scholarships	D									
e Other expenditures for facilities and programs	ט ה							<u> </u>		
and programs	u							<u> </u>		
f Administrative expenses	e									
g End of year balance	f									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	י מ									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	9 2		·	e (line 1 a. colum	n (a)) held as:					
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	-		Tent year end balanc		n (a)) neiù as.					
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	a h		%	/0						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iiii) related organizations (iii) related organizations (iiii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Solo (515. (f) Solo (515. (f) Solo (515. (g) (g) (g) (g) (g) (g) (g) (g) (g) (g)	с С	·	i							
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by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment e Other (b) Cost or other (c) Accumulated (d) Book value (d) Book value	3a			ation that are hel	d and administe	ered for the	organization			
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 2,571,939. c Leasehold improvements 9,360,515. d Equipment 802,164. a Equipment 802,164.	04						organization	1	Yes	No
(ii) related organizations 3a(ii) 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,571,939 2,571,939 2,571,939 b Buildings 9,360,515 953,407 8,407,108 c Leasehold improvements 802,164 394,208 407,956 e Other Other 0 0 0		-						3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII 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 1a Land 2,571,939. 2,571,939. b Buildings 9,360,515. 953,407. 8,407,108. c Leasehold improvements 802,164. 394,208. 407,956. e Other 0ther 0ther 0ther 0ther										
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 1a Land 2,571,939. 2,571,939. b Buildings 9,360,515. 953,407. 8,407,108. c Leasehold improvements 802,164. 394,208. 407,956. e Other 0 0 0 0	b	•								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,571,939. 2,571,939. 2,571,939. b Buildings 9,360,515. 953,407. 8,407,108. c Leasehold improvements 802,164. 394,208. 407,956. e Other 0 0 0	4									
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land2,571,939.2,571,939.2,571,939.b Buildings9,360,515.953,407.8,407,108.c Leasehold improvements802,164.394,208.407,956.e Other0000	Par									
Image: basis (investment) basis (other) depreciation 1a Land 2,571,939. 2,571,939. b Buildings 9,360,515. 953,407. 8,407,108. c Leasehold improvements 407,956. e Other 407,956.		Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11;	a. See Form 990), Part X, li	ne 10.			
1a Land 2,571,939. 2,571,939. b Buildings 9,360,515. 953,407. 8,407,108. c Leasehold improvements d Equipment 802,164. 394,208. 407,956. e Other								(d) Boo	k value	e
b Buildings 9,360,515. 953,407. 8,407,108. c Leasehold improvements d Equipment 802,164. 394,208. 407,956. e Other		· · · ·		• •	sis (other)	.,				
b Buildings 9,360,515. 953,407. 8,407,108. c Leasehold improvements d Equipment 802,164. 394,208. 407,956. e Other	1a	Land			2,571,939.			2	,571,	939.
c Leasehold improvements Image: Constraint of the state of the st					9,360,515.		953,407.	8	,407,	108.
d Equipment 802,164. 394,208. 407,956. e Other 407,956.										
e Other					802,164.		394,208.		407,	956.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)										
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), lin	e 10c.)			11	,387,	003.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 MAKE-A-WISH FOUNDATION OF NORTH TEX	AS
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75-1889666	Page 3
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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) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (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)

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (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	
(2)	ACCRUED PENDING WISH COSTS	4,618,281.
(3)	DUE TO NATIONAL	23,289.
(4)	DUE TO OTHER CHAPTERS	37,432.
(5)	CAPITAL LEASE OBLIGATIONS	62,287.
(6)	OTHER DEFERRALS	6,563.
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,747,852.

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

Schedule D (Form 990) 2017

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Part XI Reconciliation of Revenue per Audited Financial State	S	D	75-1889666	Pa
Complete if the organization answered "Yes" on Form 990, Part IV, line		Revenue per F	leturn.	
1 Total revenue, gains, and other support per audited financial statements			1	12,831,
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	, ,
a Net unrealized gains (losses) on investments	2a	2,258.		
b Donated services and use of facilities		1,525,265.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	1,527,
3 Subtract line 2e from line 1			3	11,303,
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	17,826.		
b Other (Describe in Part XIII.)		-276,321.		
c Add lines 4a and 4b			4c	-258,
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,044,
Part XII Reconciliation of Expenses per Audited Financial Stat			Return.	, ,
Complete if the organization answered "Yes" on Form 990, Part IV, line				
1 Total expenses and losses per audited financial statements			1	12,776,
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
a Donated services and use of facilities	2a	1,525,265.		
b Prior year adjustments		, , ,		
c Other losses		15,145.		
d Other (Describe in Part XIII.)		274,479		
e Add lines 2a through 2d		, ,	2e	1,814,
3 Subtract line 2e from line 1			3	10,961,
 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 			- U	,
 a Investment expenses not included on Form 990, Part VIII, line 7b 	4a	17,826.		
b Other (Describe in Part XIII.)				
			4c	17,
 c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 			5	10,979,
Part XIII Supplemental Information.				
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		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b	and 2b; Part V, line		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2:	Part IV, lines 1b additional inforn	and 2b; Part V, line		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T	Part IV, lines 1b additional inforn	and 2b; Part V, line		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T FOUNDATION AT AUGUST 31, 2018.	Part IV, lines 1b additional inforn	and 2b; Part V, line		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T FOUNDATION AT AUGUST 31, 2018. PART XI, LINE 4B - OTHER ADJUSTMENTS:	Part IV, lines 1b additional inforn	and 2b; Part V, line		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T FOUNDATION AT AUGUST 31, 2018. PART XI, LINE 4B - OTHER ADJUSTMENTS: EVENT FUNDRAISING EXPENSES	Part IV, lines 1b additional inform HE	and 2b; Part V, line nation.		
	Part IV, lines 1b additional inform HE -151,235.	and 2b; Part V, line nation.		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T POUNDATION AT AUGUST 31, 2018. PART XI, LINE 4B - OTHER ADJUSTMENTS: EVENT FUNDRAISING EXPENSES RENTAL EXPENSE LOSS ON DISPOSAL	Part IV, lines 1b additional inform HE -151,235. -123,244.	and 2b; Part V, line nation.		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T FOUNDATION AT AUGUST 31, 2018. PART XI, LINE 4B - OTHER ADJUSTMENTS: EVENT FUNDRAISING EXPENSES RENTAL EXPENSE LOSS ON DISPOSAL FOTAL TO SCHEDULE D, PART XI, LINE 4B	Part IV, lines 1b additional inform HE -151,235. -123,244. -1,842.	and 2b; Part V, line nation.		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T FOUNDATION AT AUGUST 31, 2018. PART XI, LINE 4B - OTHER ADJUSTMENTS: EVENT FUNDRAISING EXPENSES RENTAL EXPENSE	Part IV, lines 1b additional inform HE -151,235. -123,244. -1,842.	and 2b; Part V, line nation.		

MAKE-A-WISH FOUNDATION (Part XIII Supplemental Information (continued)	Chedule D (Form 990) 2017 MAKE-A-WISH FOUNDATION OF NORTH TEXAS		Page
EENTAL EXPENSES	123,244.		
OTAL TO SCHEDULE D, PART XII, LINE 2D	274,479.		
		Schedule D (For	m 990) 20

23570715 149899 MAWFNTX 2017.06000 MAKE-A-WISH FOUNDATION OF N MAWFNTX1

SCHEDULE G	Suppleme	ntol Information Desardin	~ 5	draid	ing or Coming	Activition	OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regarding e organization answered "Yes" or	-				2017
Department of the Treasury Internal Revenue Service	(organization entered more than \$ ► Attach to Form 99 ► Go to www.irs.gov/Form990	0 or Fo	rm 99	0-EZ.		Open to Public Inspection
Name of the organization							identification number
Part I Fundrais		H FOUNDATION OF NORTH TEXA:		(oc" o	n Form 000 Part IV	75-18896	
	complete this par		/erea f	es o	n Form 990, Part IV,	IIII III FOITT 990	-EZ mers are not
 a Mail solicitat b X Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, F highest paid indi	s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundra al (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	fundr have c or cor	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i)	by) to (or retained by)
COMMUNITY COUNSELL	ING SERVICE	CAMPAIGN MANAGEMENT	Yes	No			
- PO BOX 824885, LORI WAGGONER - 22	27 GOUTTHERN	CONSULTING	_	X	1,293,742.	179,00	00. 1,114,742.
CR, CARROLLTON, TX		FUNDRAISING CONSULTING		x	0.	29,00	0.
		an is registered or lisensed to colicit			1,293,742.		, ,
or licensing.	ch the organizatio	on is registered or licensed to solicit	Contric	DULION	s of has been notified	u it is exempt iror	Tregistration
ТХ							
•	ART IV FOR CO	ice, see the Instructions for Form	1 990 or	990-	EZ. S	Schedule G (Fori	m 990 or 990-EZ) 2017
732081 09-13-17			31				

23570715 149899 MAWFNTX 2017.06000 MAKE-A-WISH FOUNDATION OF N MAWFNTX1

Schedule G (Form 990 or 990-EZ) 2017 MAKE-A	-WISH	FOUNDATION	OF	NORTH	TEXAS
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75-1889666 Page **2**

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WISH NIGHT	DELICIOUS WISHES	6	(add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,018,009.	551,558.	1,324,147.	3,893,714.
	2	Less: Contributions	1,619,431.	466,999.	1,037,610.	3,124,040.
	3	Gross income (line 1 minus line 2)	398,578.	84,559.	286,537.	769,674.
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs	2,800.	5,546.	64,228.	72,574.
Direct Expenses	7	Food and beverages	40,179.	6,277.	4,338.	50,794.
	8	Entertainment	15,959.	2,900.	15,600.	34,459.
	9	Other direct expenses	423,146.	93,968.	245,968.	763,082.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		▶	920,909.
	11	Net income summary. Subtract line 10 from	line 3, column (d)		▶	-151,235.

\$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))
Reve	1 Gross revenue				
S	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
lirect E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7 f	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
	I is the organization licensed to conduct gaming action of "No," explain:	tivities in each of these	states?		Yes No
	Were any of the organization's gaming licenses rev of f "Yes," explain:				Yes No
7320	82 09-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 MAKE-A-WISH FOUNDATION OF NORTH TEXAS 75-18	389666		Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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	
13	Indicate the percentage of gaming activity conducted in:			
		13a	1	%
	The organization's facility			
	An outside facility	130		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	📖	Yes	No 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 \blacktriangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10				
	Nama			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	l No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9	, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE			
(=)				
(T)	ADDRESS OF FUNDRAISER: PO BOX 824885, PHILADELPHIA, PA 19182			
(1)	ADDRESS OF FONDRAISER. TO DOX 024005, THILADELINIA, TA 19102			
73208	33 09-13-17 Schedule G (For	m 990	or 990)-EZ) 2017
	33			

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	Schedule G (Form 990 or 990
32084 04-01-17	
570715 149899 MAWFNTX	34 2017.06000 MAKE-A-WISH FOUNDATION OF N MAWFNT

SCHEDU (Form 99		Go	Frants and Oth vernments, ar ete if the organizatio	nd Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
	of the Treasury enue Service		-	Attach to For rs.gov/Form990 for	m 990.			Open to Public Inspection
Name of	the organization MAKE-A-WISH F	OUNDATION OF N	IORTH TEXAS					Employer identification number 75-1889666
Part I	General Information on Grants	and Assistance						
crit	es the organization maintain records teria used to award the grants or ass	istance?						
	scribe in Part IV the organization's pr							
Part II		-				anization answered "א	es" on Form 990, Par	t IV, line 21, for any
	recipient that received more than					(f) Method of	1	
1 (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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ent	ter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	•	•	•	0.
	ter total number of other organization							0.
	or Paperwork Reduction Act Notice							Schedule I (Form 990) (2017)

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IISHES GRANTED	688	915,452.	4,697,966.	FMV	TRAVEL, M&E, SUPPLIES
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	l ne 2; Part III, column) (b); and any other a	dditional information.	
ART I, LINE 2:					
AKE-A-WISH FOUNDATION OF NORTH TEXAS DOES NOT PRO	OVIDE CASH GRA	NTS TO			
NDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTED	BENEFICIARIES	THAT MEET			
, HE SPECIFIC CRITERIA FOR THE WISH GRANTING PROGRA					

ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE

EXCEPTION OF TRAVEL STIPENDS (I.E. MEALS, TIPS, GAS, ETC.) FROM A STANDARD

WISH BUDGET. ALL WISH EXPENSE BUDGETS ARE DEVELOPED BY WISH MANAGERS AND

APPROVED BY PROGRAM DIRECTORS. ALL WISHES WITH MORE THAN \$10,000 IN CASH

EXPENDITURES ARE REVIEWED BY THE PROGRAM SERVICES COMMITTEE; WISHES WITH

Part IV Supplemental Information

MORE THAN \$15,000 IN CASH EXPENDITURES OR OF UNUSUALLY HIGH RISK REQUIRE

APPROVAL OF THE PRESIDENT/CEO, PROGRAM SERVICE COMMITTEE AND BOARD OF

DIRECTORS. THE CHIEF PROGRAM OFFICER REVIEWS WISH EXPENSES VS. BUDGET FOR

INDIVIDUAL WISHES REGULARLY; THE CHIEF PROGRAM OFFICER, CHIEF

ADMINISTRATIVE OFFICER AND PRESIDENT/CEO REVIEW TOTAL WISH EXPENSES VS.

BUDGET ON A MONTHLY BASIS. THE SUPPORTING WISH EXPENSE DOCUMENTATION (I.E.

INVOICES AND STATEMENTS) IS RETAINED BY THE ORGANIZATION.

Schedule I (Form 990)

732291 04-01-17

sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Depa	tment of the Treasury	Attach to Form 990.		Open to		
_	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		
Nan	e of the organizatio		Employer ide		on nu	mber
De	rt I Quantian	MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889	666		
Pa	rt I Question	s Regarding Compensation				<u> </u>
4-	Cheel, the energy of	inte les (as) if the even institute succided any of the following to autom or several listed on Four	- 000		Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Forn	1990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, j				
	Travel for com	panions Payments for business use of personal re- cation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as, maid, chauffe	ur, chei)			
h	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or				
b	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		10		
2		rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice					
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	evenues of:				
а	The organization?			. 5a		Х
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?			6a		Х
b		ation?				Х
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		. 7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	. 9		
LHA		eduction Act Notice, see the Instructions for Form 990.		le J (Forr	n 990) 2017

732111 10-17-17

Schedule J (Form 990) 2017

75-1889666

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) SCOTTY LANDRY	(i)	210,111.	80,000.	0.	10,952.	5,214.	306,277.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BELINDA MARSHALL	(i)	119,458.	28,200.	0.	7,272.	5,410.	160,340.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIN FISCHER	(i)	126,140.	29,772.	0.	7,662.	5,751.	169,325.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	٥.	٥.	0.	0.	0.	0.
(4) SUSAN SCHEFFE	(i)	113,751.	27,025.	٥.	6,968.	5,751.	153,495.	0.
CHIEF PROGRAM/STRATEGY OFFICER	(ii)	0.	0.	0.	Ο.	0.	0.	0.
(5) JENNIFER FOMIN	(i)	119,224.	28,110.	0.	7,263.	5,444.	160,041.	0.
CHIEF MARKETING OFFICER	(ii)	Ο.	٥.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 7:

THE PRESIDENT/CEO'S BONUS IS A PERCENTAGE OF SALARY BASED ON GOALS SET

YEARLY BY THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. AT THE

END OF THE FISCAL YEAR, THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF

THE PRESIDENT/CEO AGAINST THE GOALS TO DETERMINE THE BONUS FOR THE FISCAL

YEAR.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

20

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

17

Name of the organization

ation						
	MAKE-A-WISH	FOUNDATION	OF	NORTH	TEXAS	

Employer identification number
75-1889666

Par	τI	Types	s of Property								
				(a)	(b)	(c)		(d)			
				Check if	Number of contributions or	Noncash contributi amounts reported		Method of de noncash contrib		•	ła.
				applicable		Form 990, Part VIII, lir		noncash contrib	ution a	mourn	15
1	Art -	Works of	art								
2	Art -	Historical	treasures								
3			interests								
4			olications								
5	Clothing and household goods										
6	Cars and other vehicles										
7			nes								
8			perty								
9			blicly traded		1	5	,123.	COST/SELLING PRI	CE		
10	Sec	urities - Clo	osely held stock								
11	Sec	urities - Pa	rtnership, LLC, or								
	trus	t interests									
12	Sec	urities - Mi	scellaneous								
13	Qua	lified cons	ervation contribution -								
	Hist	oric struct	ures								
14			ervation contribution - Other \dots								
15	Real estate - Residential										
16			ommercial								
17			ther								
18											
19			/								
20			dical supplies								
21											
22			acts								
23			imens								
24			artifacts								
25		er 🕨	(WISH-RELATED)	X	1,450	, ,	·	COST/SELLING PRI			
26	Othe		(SPECIAL EVENT)	X	589			COST/SELLING PRI			
27	Othe		(<u>OTHER</u>)	X	35	29	, 517.	COST/SELLING PRI	CE		
28	Othe										
29			ms 8283 received by the organ							0	
	TOP V	which the c	organization completed Form 8	200, Part IV,	Donee Acknowledg	gement 29	<u> </u>			Yes	No
200	Duri	ing the yes	r, did the organization receive	by contributi	on any proporty ray	aartad in Dart L linaa 1	throw	ab 29 that it		Tes	
30a			at least three years from the da								
			ses for the entire holding perior			•			30a		x
h			ibe the arrangement in Part II.	·····					000		
31								31	х		
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							<u> </u>			
		tributions?			-				32a		x
b			ibe in Part II.								
33			tion didn't report an amount in	column (c) fo	or a type of propert	y for which column (a)	is che	cked,			
		cribe in Pa			,,	, <u></u>		,			

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

Schedule M (Form 990) 2017

732141 09-07-17

	OUNDATION OF NORTH TEXAS	75-1889666	Page 2
Part II Supplemental Information.	Provide the information required by Part I, lines 30b, 3 number of contributions, the number of items receive n.	32b, and 33, and whether the organ d, or a combination of both. Also co	ization
CHEDULE M, PART I, COLUMN (B):			
HE AMOUNT IN COLUMN (B) REFERS TO TH	E NUMBER OF CONTRIBUTIONS		
ECEIVED.			
32142 09-07-17		Schedule M (For	m 990) 201
52 172 00 01° 11	42		555, 201
70715 149899 MAWFNTX	2017.06000 MAKE-A-WISH H	FOUNDATION OF N MA	WFNTX1

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.

Department of the Treasury Internal Revenue Service Name of the organization 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

Employer identification number 75-1889666

FORM 990, PART I, LINE 1:

THE MAKE-A-WISH FOUNDATION OF NORTH TEXAS CREATES LIFE-CHANGING WISHES

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

FOR CHILDREN WITH CRITICAL ILLNESSES.

FORM 990, PART III, LINE 4A:

THE MAKE-A-WISH FOUNDATION OF NORTH TEXAS CREATES LIFE-CHANGING WISHES

FOR CHILDREN WITH CRITICAL ILLNESSES. CHILDREN BETWEEN THE AGES OF 2

1/2 AND 18 WHO HAVE BEEN DETERMINED TO HAVE A CRITICAL ILLNESS QUALIFY

FOR OUR WISH PROGRAM AND NO CHILD WHO MEETS THESE CRITERIA IS DENIED

OUR SERVICES. WE STRIVE TO GRANT EACH CHILD'S ONE-TRUE WISH, WHETHER

THAT IS TO VISIT A THEME PARK, SWIM WITH THE DOLPHINS, MEET A DREAM

CELEBRITY, OR COUNTLESS OTHER POSSIBILITIES. THE TOTAL COST OF WISHES

GRANTED DURING THE FISCAL YEAR ENDING AUGUST 31, 2018 WAS \$7,070,455.

OF THIS AMOUNT, \$1,457,037 WAS CONTRIBUTED BY VARIOUS VENDORS WHO

PROVIDED IN-KIND CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES,

TRANSPORTATION, LODGING, AND OTHER SERVICES AND USE OF FACILITIES TO

COMPLETE A CHILD'S WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE

AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSES.

FOR FORM 990, HOWEVER, THE IRS REQUIRES THE \$1,457,037 OF CONTRIBUTED

SERVICES AND USE OF FACILITIES BE EXCLUDED FROM BOTH REVENUE AND

EXPENSES.

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

THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM

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

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

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Name of the organization	Employer identification number
MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE	
ACCOUNTING FIRM WAS REVIEWED BY THE FOUNDATION'S PRESIDENT/CEO. THE RETURN	
WAS THEN PRESENTED TO THE FINANCE COMMITTEE FOR THEIR REVIEW. SUBSEQUENT TO	
THE COMMITTEE'S APPROVAL, A COPY OF THE FORM 990 WAS PROVIDED TO ALL VOTING	
MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER COORDINATOR IF THEY ARE FROM VOLUNTEERS, AND THE	
PRESIDENT/CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS	
MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS	
OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDE, BUT ARE NOT	
LIMITED TO, THE FOLLOWING: (1) DETERMINING THE NATURE OF THE CONFLICT VIA	
VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON; (2) FULLY	
DISCLOSING CONFLICTING INTERESTS TO THE BOARD; (3) THE CONFLICTED PERSON	
RECUSES HIMSELF/HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE	
TRANSACTION; AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT	
AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
FOR 2017 COMPENSATION, THE PRESIDENT/CEO'S COMPENSATION WAS DETERMINED BY	
THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED	
AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS	
BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED	

23570715 149899 MAWFNTX

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF NORTH TEXAS	Employer identification number 75-1889666
BY STATE ORGANIZATIONS AND NATIONAL BENCHMARKING ORGANIZATIONS. THE BOARD'S	
DISCUSSIONS WERE CONTEMPORANEOUSLY DOCUMENTED. DOCUMENTATION INCLUDED THE	
ERMS OF THE TRANSACTION AND DATE IT WAS APPROVED, THE MEMBERS PRESENT	
DURING DELIBERATIONS AND THOSE WHO VOTED ON IT, AND THE COMPARABILITY DATA	
RELIED UPON AND HOW IT WAS OBTAINED.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER OFFICERS AND STAFF MEMBERS,	
SING THE SAME INSTRUMENTS. SALARIES FOR STAFF OTHER THAN THE PRESIDENT/CEO	
ARE DECIDED BY THE PRESIDENT/CEO IN CONSULTATION WITH THE APPROPRIATE	
SENIOR LEADERSHIP TEAM MEMBER, WITHIN LIMITS SET BY THE BOARD-APPROVED	
BUDGET. ALL SALARY INCREASES ARE BASED ON METRICS FROM PERFORMANCE REVIEWS	
AND APPROVED SALARY RANGES FOR EACH POSITION.	
FORM 990, PART VI, SECTION C, LINE 19:	
HILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING	
OCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE	
VAILABLE FOR PUBLIC INSPECTION, THE FINANCIAL STATEMENTS, FORM 990, AND	
FORM 990-T ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING	
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.	
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: JOSS ON FLOOD DAMAGE -13,303.	
	_
32212 09-07-17 Sch 45	edule O (Form 990 or 990-EZ) (2017)
45 70715 149899 MAWFNTX 2017.06000 MAKE-A-WISH FOUND	ATION OF N MAWFNTX1

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

						ying number	
Type or	Name of exempt organization or other filer, see instructions.			Employe	Employer identification number (EIN) or		
print							
File by the	MAKE-A-WISH FOUNDATION OF NORTH TEXAS				75-1889666		
due date for filing your return. See	e for Number, street, and room or suite no. If a P.O. box, see instructions. So				curity num	ber (SSN)	
instructions							
Enter the	Return Code for the return that this application is for (fi	ile a separa	ate application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990)-T (trust other than above)	06	Form 8870			12	
	BELINDA MARSHALL						
• The be	poks are in the care of ▶ 6655 DESEO DRIVE - IR	VING, TX	75039				
Telepł	none No. 214-496-9474		Fax No. 🕨				
• If the	organization does not have an office or place of busines	ss in the U	nited States, check this box				
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole	group, check this	
box 🕨	. If it is for part of the group, check this box $ig>$	and atta	ach a list with the names and EINs o	f all memb	ers the ext	ension is for.	
1 Ire	quest an automatic 6-month extension of time until	JULY 1	.5, 2019 , to file	e the exem	npt organiza	ation return	
for	the organization named above. The extension is for the	organizati	on's return for:				
	calendar year or						
	X tax year beginningSEP 1, 2017		d ending AUG 31, 2018		_ ·		
2 If ti	he tax year entered in line 1 is for less than 12 months, a	check reas	on: Initial return	Final retur	'n		
3a lfti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any				
nor	nonrefundable credits. See instructions.					0.	
b If ti	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
c Ba	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
by using EFTPS (Electronic Federal Tax Payment System). See instruction			ictions.	3c	\$	0.	
instructio				3453-EO a			
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form	8868 (Rev. 1-2017)	

Entor filor's identifying number