** FORM 990 PUBLIC DISCLOSURE COPY **

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

AUGUST 31, 2019

PREPARED FOR:

MAKE-A-WISH FOUNDATION OF PUERTO RICO PO BOX 193348 SAN JUAN, PR 00919-3348

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.

** 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)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

SEP 1 2018 and ending AUG 31, 2019 A For the 2018 calendar year, or tax year beginning C Name of organization D Employer identification number В Check if applicable: Address change MAKE-A-WISH FOUNDATION OF PUERTO RICO Name 66-0529880 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 193348 787-281-9474 1,416,311. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SAN JUAN, PR 00919-3348 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BOHEMARIE BARNES Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: > PUERTORICO.WISH.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > . Year of formation: 1990 M State of legal domicile: PR Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 29 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 0. 7h **Prior Year Current Year** 1,148,474. 1,277,186. Contributions and grants (Part VIII, line 1h) 8 Revenue 450 4,025. Program service revenue (Part VIII, line 2g) 617 618. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -51 445 -9,790. 11 1 098 096 1 272 039. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 393,797 829,533. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 245,634. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 275,519. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 238,450. 223,154. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 907,766. 1,298,321. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 190,330. -26,282. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** Ы **End of Year** 1,151,740. 1,093,500. Total assets (Part X, line 16) 109,948 77,990. 21 Total liabilities (Part X, line 26) 三年 1,041,792. 1,015,510. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign BOHEMARIE BARNES, CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name CHRISTINE KAWECKI P00743140 Paid 07/08/2020 self-employed Firm's name DELOITTE TAX LLP 86-1065772 Preparer Firm's EIN ▶ Firm's address TWO JERICHO PLAZA Use Only Phone no.516-918-7000 JERICHO, NY 11753

No

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	Check if Schedule O contains a	response or note to any line in this Part III		X
1	Briefly describe the organization's mis			
	FOR CHILDREN WITH CRITICAL			
2	Did the organization undertake any si	gnificant program services during the year w	high were not listed on the	
2		grillicant program services during the year w		Yes X No
	If "Yes," describe these new services			-
3		g, or make significant changes in how it con	ducts, any program services?	Yes X No
	If "Yes," describe these changes on S			
4		service accomplishments for each of its three		
	revenue, if any, for each program serv	zations are required to report the amount of	grants and allocations to others, the total	r expenses, and
4a	(Code:) (Expenses \$	1,055,918. including grants of \$	829,533.) (Revenue \$	4,025.)
	SEE SCHEDULE O.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				,
4d	Other program services (Describe in S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	1,055,918.		,

Form 990 (2018) MAKE-A-WISH FOUNDATION OF PUERTO RICO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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,		7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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		х
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		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form 990 (2018)

MAKE-A-WISH FOUNDATION OF I
Part IV Checklist of Required Schedules (continued)

			Yes	No
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			
		23		x
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
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			
20	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	28a		х
_		28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2018)

MAKE-A-WISH FOUNDATION OF PUERTO RICO

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)				Τ.,	Γ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l	I		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return	2a		5		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions					
За				За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		x
b	If "Yes," enter the name of the foreign country:		7			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
				7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?	 I	I	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				.,,
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations cars, boats, airplanes, or other vehicles, did the organizations can be organizations are cars.			7h		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	i by tili	5	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arrangement arrangement of the control of t			9a		
b	Did the constraint and the contract of the con			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126	I			
_	organization is licensed to issue qualified health plans	13b 13c		-		
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		1	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduling the tax year?			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
-	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
				_	α	

Form 990 (2018) MAKE-A-WISH FOUNDATION OF PUERTO RICO 66-0529880 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		1 . 1		ا ، ،		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	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 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	ny other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person? \dots				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		Х
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 a	ppoint o	ne 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, s	tockhol	ders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:				
а	The governing body?			.	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached at	the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue (Code.)				
			,			Yes	No
10a	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 cl			[
	and branches to ensure their operations are consistent with the organization's exempt purposes?			[10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before	e filing the form?	[11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			[
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			- 1	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						
	in Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?			Г	13	Х	
14	Did the organization have a written document retention and destruction policy?			Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approve			¨			
	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		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			¨			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a				
	taxable entity during the year?			ı	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			¨			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	-	•				
	exempt status with respect to such arrangements?			- 1	16b		
Sec	tion C. Disclosure			·· · · ·	100		!
17	List the states with which a copy of this Form 990 is required to be filed ▶PR						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	nd 990.7	(Section 501(c)	(3)0	only) s	availah	ole
.0	for public inspection. Indicate how you made these available. Check all that apply.	000-1	(5551011 00 1(0)	,0,0	Jy) C		
	Own website Another's website X Upon request Other (explain	n in Cab	odulo Ol				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	and f	inanci	al	
19	statements available to the public during the tax year.	i iiiiot Ol	microsi policy, a	ai iu I	ıı ıaı ıcı	aı	
20	State the name, address, and telephone number of the person who possesses the organization's bo	ake and	records				
20	BOHEMARIE BARNES - 787-281-9474	ons aliù					
	TIPE EL VEDADO 416 ACHEVRANA SAN THAN DIFFRED DICO 00919						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do		Position ot check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle	ess person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week	_	cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee ee	Suedu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARA DEL ROSARIO FERNANDEZ	5.00		_			1				
PRESIDENT		х		х				0.	0.	0.
(2) ANTONIO CASELLAS	4.00									
TREASURER		Х		Х				0.	0.	0.
(3) ALFREDO BAEZ	4.00									
SECRETARY		Х		Х				0.	0.	0.
(4) ALFREDO J. ALONSO	1.00									
VICE PRESIDENT AS OF 8/27/19		Х		Х				0.	0.	0.
(5) RAFAEL ALVAREZ	1.00									
VICE PRESIDENT THROUGH 8/27/19		Х		Х				0.	0.	0.
(6) BRYAN SHAMES	1.00	1								
DIRECTOR		Х						0.	0.	0.
(7) JAIME A. TORO LAVERGNE	1.00	-							_	_
DIRECTOR AS OF 8/12/19		Х						0.	0.	0.
(8) LUISA PAGAN	1.00	ļ								
DIRECTOR		Х				_		0.	0.	0.
(9) MARIELA C. CAPACETE	1.00	-							_	_
DIRECTOR		Х						0.	0.	0.
(10) RAFAEL E. BARRERA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RAFAEL BLANES	1.00									
DIRECTOR		Х						0.	0.	0.
(12) ROBERTO TRIGOS	1.00									
DIRECTOR THROUGH 5/20/19		Х						0.	0.	0.
(13) VIRGINIA RIVERA	1.00	_								
DIRECTOR		Х						0.	0.	0.
(14) WESTON MARTI	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DR. CARLOS E. MNDEZ SERRANO, MD	1.00	ł								
MEDICAL ADVISOR AS OF 8/12/19	1 00	Х				_		0.	0.	0.
(16) DR. JAVIER CUEVAS	1.00									_
MEDICAL ADVISOR	40.00	Х				_		0.	0.	0.
(17) BOHEMARIE BARNES	40.00	-		,,				60.000		10 000
CEO]		Х	<u> </u>]	62,000.	0.	12,032. Form 990 (2018)
832007 12-31-18										Form 330 (2018)

832007 12-31-18 Form **990** (2018)

Form 990 (2018) MAKE-A-WISH									66-05	2988	0	Р	age 8
Part VII Section A. Officers, Directors, True	stees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	Posi heck in ss per and a di	more rson i	than o	n an	(D) (E) Reportable Reportable compensation compensation from from relate			am	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fr orga and	pensa om th anizat d relat inizati	ation e tion ted
		-											
1b Sub-total								62,000.		0.		12,	032.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							▶	62,000.		0.		12,	0.
 Total number of individuals (including but compensation from the organization 	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			0
												Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>											3		х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," col	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors	IIDICIC OCHCOUN	001	<i>JI</i> 30	<u>ich ,</u>	<i>J</i> C/3	<u> </u>							
Complete this table for your five highest or the organization. Report compensation for	=	-							•	ensa	tion fro	m	
(A) Name and busines	s address	NO	NE					(B) Description of s	ervices	С	(Comper		n
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nited	d to t		se lis 0	ted	above) who received mo	ore than				

Form 990 (2018) **Part VIII** Statement of Revenue

		Check if Schedule O conta	ains a respo	nse or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns	1a					3,2 3,1
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
يَ ق		Fundraising events						
ifts ar A		Related organizations						
nis G		Government grants (contributi		445 000				
Sir		All other contributions, gifts, grant		·				
her it		similar amounts not included abov	· I	917,890.				
풀	q	Noncash contributions included in lines 1		435,163.				
Sor	_	Total. Add lines 1a-1f			1,277,186.			
				Business Code				
o o	2 a	WISH ASSIST FEES		900099	4,025.	4,025.		
Program Service Revenue	b							
Ser	С							
am eve	d			1				
Ba	е							
P.	f	All other program service reve	nue					
		Total. Add lines 2a-2f			4,025.			
	3	Investment income (including						
		other similar amounts)		>	618.			618.
	4	Income from investment of tax	k-exempt boi	nd proceeds				
	5	Royalties	. <u></u>	>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraising including \$ 243,						
Other Reven		contributions reported on line						
Ř		Part IV, line 18		a 134,482.				
‡	b	Less: direct expenses						
0	С	Net income or (loss) from fund	raising even	ts	-9,790.			-9,790.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses		. b				
	С	Net income or (loss) from gam	ing activities	·				
	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
	b	Less: cost of goods sold		. b				
	С	Net income or (loss) from sales	s of inventor	y				
		Miscellaneous Revenue	e	Business Code				
	11 a			_				
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d		▶				_
	12	Total revenue. See instructions		▶	1,272,039.	4,025.	0.	-9,172.

Part IX Statement of Functional Expenses

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

Total expenses	0001	on 501(c)(3) and 501(c)(4) organizations must compli- Check if Schedule O contains a respons			ipiete column (A).	
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 829,533	Do i	·		(B)	(C)	(D)
1 Grants and other assistance to domestic organizations and dimensite governments. Set Part IV, line 21			lotal expenses			
2 Grants and other assistance to domestic inclividuals. See Part IV, III at 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, III at 51 and 16 4 Banefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation inclinated above, to disqualified persons (ascripted in section 4986(IV)1) and persons discripted in section 4986(IV)1) and persons discripted in section 4986(IV)1) and persons discripted in section 4986(IV)1 and appearson section 40 (IV) and 403(9) employer contributions (include section 40 (IV) and 403(9) employer contributions (include section 40 (IV) and 403(9) employer contributions (IV) and 403(9) employer contrib	1	Grants and other assistance to domestic organizations		·		·
Individuals, See Part IV, line 22 829,533, 829,53		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, refig governments, and foreign individuals. See Part IV, lines 75 and 16	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members		individuals. See Part IV, line 22	829,533.	829,533.		
Individuals. See Part IV, lines 15 and 16 4 8 8 8 8 14 966 5 14 966	3	Grants and other assistance to foreign				
## Benefits paid to or for members 73,770, 38,361, 14,066, 21,343.		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees 73,770, 38,351, 14,066, 21,343. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and 4958(f) persons described in section 4958(f) 4958(f) persons for fine 5058(f) persons for fine 5058(f) persons for fine 5058(f) persons for fine 5058(f) persons fine 5058(f		individuals. See Part IV, lines 15 and 16				
trustees, and keye employees	4	Benefits paid to or for members				
6 Compensation not included above, 10 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4918(f) and 403(f) employer contributions (include section 491(f) and 403(f) employer contributions) 9 Other employee benefits	5	Compensation of current officers, directors,				
persons (as defined under section 4986(f)(1)) and persons described in section 4986(f)(1)) and persons described in section 4986(f)(1)) and approach section 4986(f)(2) and 498(p) employer contributions (include section 491(g) and 498(p) employer contributions) 9 Other employee benefits 25,582, 13,302, 4,853, 7,427. Payroll taxes 14,004, 7,282, 2,661, 4,061. 11 Fees for services (non-employees): a Management		trustees, and key employees	73,770.	38,361.	14,066.	21,343.
persons described in section 4958(c)(3)(8) 7 Other salaries and wages Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 25,582, 13,302, 4,853, 7,427. Payroll taxes 11,004, 7,282, 2,661, 4,061. Payroll taxes 11,004, 7,282, 2,661, 4,061. Payroll taxes Amanagement b Legal Accounting Performs a display and the process of the payroll to the	6	Compensation not included above, to disqualified				
7 Other salaries and wages 8 Pension plan accurals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 12 Fees for services (non-employees): a Management b Legal c Accounting d Lobbbying 9 Other (illine 114g amount accessed 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 132,278. 68,784. 25,56. 38,238. 8 Pension plan accurals and contributions) 9 Other employee benefits 14 Lobbying 9 Other (illine 114g amount accessed 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 14 Agostics 15 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 10 Expenses Interest 15 Ses 290. 106. 1625. 10 Payments to affiliates 15 Depreciation, depletion, and amortization 15 Insurance 15 Ses 290. 106. 1625. 16 Application and amortization 15 Reparts & Mattrious Alouses 15 Reparts & Mattrious Alouses 15 Reparts & Mattrious Alouses 16 All other expenses 17 Total functional expenses in line 24e, If line 24e amount exceeds 10% of line 25, tolumn (A) amount, list line 110 expenses in line 24e, If line 24e amount exceeds 10% of line 25, tolumn (A) amount, list line 24e expenses in line 25 occurred above, (List line 24e expenses in line 25e, occurred above, (List line 24e expenses in Schedule 0.) 24 Agos 5 Ses 290. 106. 1625. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaling and fundraisings solicitation. Check tee \$\frac{1}{2}\$ Interest 1 1, 1055, 918. 123, 426. 118, 977.		persons (as defined under section 4958(f)(1)) and				
8 Persion plan accruals and contributions (include section 40 (It) and 403(b) employer contributions) 9 Other employee benefits 12,582, 13,302, 4,853, 7,427. 10 Payroll taxes 11,004, 7,282, 2,661, 4,061. 11 Fees for services (non-employees): 8 Management b Legal 1						
Section 401(k) and 403(b) employer contributions)	7	I	132,278.	68,784.	25,256.	38,238.
9 Other employee benefits	8					
10 Payroll taxes			05 -00	42.000		
11 Fees for services (non-employees): a Management b Legal c Accounting			•			
a Management b Legal c Accounting			14,004.	7,282.	2,661.	4,061.
b Legal						
C Accounting 49,255. 195. 45,801. 3,259. d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 4,036. 1,069. 391. 2,576. Advertising and promotion Gfice expenses 36,304. 16,458. 7,968. 11,878. 11,678. 771. 15 Royaltes 2,919. 1,383. 765. 771. 16 Occupancy 42,370. 22,033. 8,050. 12,287. 17 Travel 5,563. 2,513. 1,906. 1,144. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 47,400. 14,763. 5,920. 26,717. 20 Interest 558. 290. 106. 162. 21 Payments to affiliates 558. 290. 106. 162. 21 Payments of electron, and amontization 3,783. 1,967. 719. 1,097. 21 Insurance 158. 82. 30. 466. 40 Other expenses. Itemize expenses not covered above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25c, column (A) amount, Its line 24e expenses on Schedule 0.) 8 NATIONAL DUBS 47,252. 37,329. 4,725. 5,198. 8 BEPAIRS & MAINTENANCE 1,102. 574. 209. 319. 4 Other expenses 1 Recovery -17,54617,546. 5 Insurance 1,298.321. 1,055,918. 123,426. 118,977. 5 Insurance 1,298.321. 1,055,918. 123,426. 118,977.	а					
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 Office expenses 3 6, 304. 16, 458. 7, 968. 11, 878. 14 Information technology 2, 919. 1, 383. 765. 771. 15 Royalties 6 Cocupancy 42, 370. 22, 033. 8, 050. 12, 287. 17 Travel 5, 5563. 2, 513. 1, 906. 1, 144. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 47, 400. 14, 763. 5, 920. 26, 717. 20 Interest 558. 290. 106. 162. 21 Payments to affiliates 558. 290. 106. 162. 22 Depreciation, depletion, and amortization 3, 783. 1, 967. 719. 1, 097. 23 Insurance 158. 82. 30. 46. 46. Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a NATIONAL DUES 41 Other expenses 0 10 oched the or 1, 102. 574. 209. 319. b REPAIRS & MAINTENANCE 1, 1, 102. 574. 209. 319. c BAD DEBT RECOVERY -17, 546. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		I	40.255	105	45.001	2 250
e Professional fundraising services. See Part IV, line 17 f Investment management fees			49,255.	195.	45,801.	3,259.
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 3 Office expenses 36,304 16,455 7,968 11,876. 14 Information technology 2,919 1,383 765,771. Broyalties Coccupancy 42,370 22,033 8,050 12,287. Travel 5,563 2,513 1,906 1,144. Payments of travel or entertainment expenses for any federal, state, or local public officials 7588 290 106 162. Conferences, conventions, and meetings 47,400 14,763 5,920 26,717. Interest 558 290 106 162. Payments to affiliates 558 290 106 162. Depreciation, depletion, and amortization 3,783 1,967 719 1,097. Insurance 158 82 30, 466. 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.) B REPAIRS & MAINTENANCE 1,102 574. 209 319. C BAD DEBT RECOVERY -17,54617,546. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 36,304. 16,458. 7,968. 11,878. 14 Information technology 2,919. 1,383. 765. 771. 5 Royalties Cocupancy 42,370. 22,033. 8,050. 12,287. 7 Travel 5,563. 2,513. 1,906. 1,144. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 558. 290. 106. 162. 19 Payments to affiliates 20 Depreciation, depletion, and amortization 3,783. 1,967. 719. 1,097. 21 Insurance 158. 82. 30. 46. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) NNTIONAL DUES 4 A,7252. 37,329. 4,725. 5,196. B REPAIRS & MAINTENANCE 1,102. 574. 209. 319. C BAD DEPT RECOVERY -17,54617,546. 4 All other expenses. Total functional expenses. Add lines 1 through 24e All other expenses. 1 trollowing SOP 88.2 (ASC 958-720)	_	·				
column (A) amount, list line 11g expenses on Sch 0.) 4, 036. 1, 069. 391. 2,576. Advertising and promotion 30 (ffice expenses						
12 Advertising and promotion 13 Office expenses 13 6,304. 16,458. 7,968. 11,878. 14 Information technology 2,919. 1,383. 765. 771. 15 Royalties 16 Occupancy 42,370. 22,033. 8,050. 12,287. 17 Travel 5,563. 2,513. 1,906. 1,144. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 47,400. 14,763. 5,920. 26,717. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 15 Insurance 158. 82. 30. 46. 24 Other expenses. Itemize expenses in line 24e. If line 24e around expeeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 24 NATIONAL DUBS 25 REPAIRS & MAINTENANCE 26 All other expenses 27 Total functional expenses. Add lines 1 through 24e 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraisings olicitation. Check there	g	` '	4 036	1 069	301	2 576
13 Office expenses 36,304. 16,458. 7,968. 11,878. 11,878. 14 Information technology 2,919. 1,383. 765. 771. 15 Royalties	40	· · · · · · · · · / F	4,030.	1,009.	391.	2,576.
14		I	36 304	16 458	7 968	11 878
15 Royalties 16 Occupancy				-		
16 Occupancy 42,370. 22,033. 8,050. 12,287. 17 Travel 5,563. 2,513. 1,906. 1,144. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ————————————————————————————————————		I	2,515.	1,303.	703.	771.
17 Travel 5,563. 2,513. 1,906. 1,144. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 47,400. 14,763. 5,920. 26,717. 19 Interest 558. 290. 106. 162. 11 Payments to affiliates 20 pereciation, depletion, and amortization 3,783. 1,967. 719. 1,097. 12 Insurance 158. 82. 30. 46. 158. 82. 30. 46. 158. 82. 30. 46. 158. 82. 30. 46. 159. 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.) 18 NATIONAL DUES 47,252. 37,329. 4,725. 5,198. 18 REPAIRS & MAINTENANCE 1,102. 574. 209. 319. 19 C BAD DEBT RECOVERY -17,54617,546. 10 All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			42 370	22 033	8 050	12 287
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Insurance 14 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.) 15 REPAIRS & MAINTENANCE 15 All Other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 1 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
for any federal, state, or local public officials 19 Conferences, conventions, and meetings			-,	_,•	_,	
19 Conferences, conventions, and meetings	10	·				
20	19	· · · · · · · · · · · · · · · · · · ·	47,400.	14,763.	5,920.	26,717.
21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,783. 1,967. 719. 1,097. 23 Insurance 158. 82. 30. 46. 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.) a NATIONAL DUES b REPAIRS & MAINTENANCE c BAD DEBT RECOVERY d All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)			•			
22 Depreciation, depletion, and amortization 3,783. 1,967. 719. 1,097. 23 Insurance 158. 82. 30. 46. 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.) a NATIONAL DUES 47,252. 37,329. 4,725. 5,198. b REPAIRS & MAINTENANCE 1,102. 574. 209. 319. c BAD DEBT RECOVERY -17,546. d All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			-	-		<u>-</u>
Insurance 158. 82. 30. 46. 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.) a NATIONAL DUES 47,252. 37,329. 4,725. 5,198. b REPAIRS & MAINTENANCE 1,102. 574. 209. 319. c BAD DEBT RECOVERY -17,54617,546. d All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			3,783.	1,967.	719.	1,097.
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.) a NATIONAL DUES b REPAIRS & MAINTENANCE c BAD DEBT RECOVERY -17,546. d -17,546. d -17,546. 209. 319. -17,546. 4/10 ther expenses 25 Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		Inquirongo	158.		30.	
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.) a NATIONAL DUES ATIONAL DUES AT						
amount, list line 24e expenses on Schedule O.) a NATIONAL DUES b REPAIRS & MAINTENANCE c BAD DEBT RECOVERY -17,546. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in following SOP 98-2 (ASC 958-720)	-	above. (List miscellaneous expenses in line 24e. If line				
A NATIONAL DUES BAD REPAIRS & MAINTENANCE BAD DEBT RECOVERY All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here I 1,102. 574. 209. 319. 1,1055,918. 123,426. 118,977.						
BAD DEBT RECOVERY -17,546. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	а		47,252.	37,329.	4,725.	5,198.
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	b	REPAIRS & MAINTENANCE	1,102.	574.	209.	319.
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	С	BAD DEBT RECOVERY	-17,546.			-17,546.
Total functional expenses. Add lines 1 through 24e 1,298,321. 1,055,918. 123,426. 118,977. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	d					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	е	All other expenses				· · · · · · · · · · · · · · · · · · ·
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	1,298,321.	1,055,918.	123,426.	118,977.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here ▶ if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				5 990 (0010)

Form 990 (2018)
Part X Balance Sheet

Ра	πX	Balance Sneet						
		Check if Schedule O contains a response or not	e to any	line in this Part X	T			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				735,253.	1	692,764.
	2	Savings and temporary cash investments				231,419.	2	232,037.
	3	Pledges and grants receivable, net				114,080.	3	86,592.
	4	Accounts receivable, net				4,136.	4	1,048.
	5	Loans and other receivables from current and fo			·····			
	"	trustees, key employees, and highest compensa		, ,				
		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			9			
		employees' beneficiary organizations (see instr).					6	
Assets	7	Notes and loans receivable, net					7	
Ass	8					37,987.	8	37,701.
	9	Inventories for sale or use Prepaid expenses and deferred charges			- 1	6,034.	9	6,944.
		Land, buildings, and equipment: cost or other	 I I		·····	5,002.	9	3,511.
	lua	basis. Complete Part VI of Schedule D	100	56	255.			
	h			,	959.	10,172.	10c	12,296.
				,		10,172.	11	12,230.
	11	Investments - publicly traded securities					12	
	12 13	Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line					13	
	14					14		
	15	Intangible assets Other assets See Port IV line 11			12,659.	15	24,118.	
	16	Other assets. See Part IV, line 11			1,151,740.	16	1,093,500.	
	17	Accounts payable and accrued expenses		91,880.	17	69,333.		
	18			22,000.	18	02,000.		
	19	Grants payable			19			
	20	Deferred revenue					20	
	21	Escrow or custodial account liability. Complete					21	
	22	Loans and other payables to current and former			-			
Liabilities		key employees, highest compensated employee						
iig		Complete Part II of Schedule L					22	
E.	23	Secured mortgages and notes payable to unrela		al an analysis a	- 1		23	
	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	•					
		Schedule D	,	•		18,068.	25	8,657.
	26	Total liabilities. Add lines 17 through 25			····	109,948.	26	77,990.
		Organizations that follow SFAS 117 (ASC 958			nd	,		,
G		complete lines 27 through 29, and lines 33 an						
č	27	Unrestricted net assets				970,284.	27	938,987.
alar	28	Temporarily restricted net assets				71,508.	28	76,523.
Ä	29	Democratic methods to the description			- 1		29	
Ĭ		Organizations that do not follow SFAS 117 (A			····			
Ϋ́		and complete lines 30 through 34.						
ts c	30	Capital stock or trust principal, or current funds					30	
sse	31	Paid-in or capital surplus, or land, building, or ed					31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in					32	
Š	33	Total net assets or fund balances				1,041,792.	33	1,015,510.
	34	Total liabilities and net assets/fund balances .				1,151,740.	34	1,093,500.

Form **990** (2018)

consolidated basis, or both: X Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Form	1990 (2018) MAKE-A-WISH FOUNDATION OF PUERTO RICO	66	-0529880	P	age 12
	rt XI Reconciliation of Net Assets				uge
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,272	2,039.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,298	3,321.
3	Revenue less expenses. Subtract line 2 from line 1	3		-26	5,282.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,041	L,792.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,015	5,510.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	s 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			

Both consolidated and separate basis

Form **990** (2018)

Х

2c

За

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** MAKE-A-WISH FOUNDATION OF PUERTO RICO 66-0529880 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	934,312.	1,242,414.	1,199,958.	1,148,474.	1,277,186.	5,802,344.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	934,312.	1,242,414.	1,199,958.	1,148,474.	1,277,186.	5,802,344.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						213,214.
	Public support. Subtract line 5 from line 4.						5,589,130.
	ction B. Total Support					г	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	934,312.	1,242,414.	1,199,958.	1,148,474.	1,277,186.	5,802,344.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			_			
	and income from similar sources	680.	732.	627.	617.	618.	3,274.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	TO 564	04 000	55 242	444 050	124 422	405 460
	assets (Explain in Part VI.)	79,564.	91,020.	66,318.	114,079.	134,482.	485,463.
	Total support. Add lines 7 through 10		,				6,291,081.
12	Gross receipts from related activities,	•	,			12	18,250.
13	First five years. If the Form 990 is for				•		. □
Sec	organization, check this box and stop ction C. Computation of Publi						P
14				olumn (f))		14	88.84 %
15	Public support percentage from 2017					15	88.84 % 89.41 %
	33 1/3% support test - 2018. If the o						
102	stop here. The organization qualifies						
h	33 1/3% support test - 2017. If the o						············ - —
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test					 and line 14 is 10% o	
	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"		•	-	•	•	
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the	ū				•	_,,
	organization meets the "facts-and-circ		•		•		ightharpoonup
_18	Private foundation. If the organization			•			>

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

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

Section A. Public Support	clow, picase comp	oloto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0 4 1 6 11 0	(a) 2014	(b) 2013	(6) 2010	(a) 2017	(e) 2010	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is fo	or the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						>
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	018 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	e organization did เ				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	> □
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	•			•	ore than 33 1/3%, a	and
20 Private foundation. If the organization		-	· ·		-	

Page 4

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 (as 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).
- 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
_		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	•	ne organization operate for the benefit of any supported organization other than the supported	_		
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
_		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations	•		
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	_		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 instr	uctions)	_	
2		ities Test. Answer (a) and (b) below.	ĺ	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

	E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Di	istributable amount for 2018 from Section C, line 6			
2 Ur	nderdistributions, if any, for years prior to 2018 (reason-			
ab	ole cause required- explain in Part VI). See instructions.			
3 Ex	xcess distributions carryover, if any, to 2018			
a Fr	rom 2013			
b Fr	rom 2014			
c Fr	rom 2015			
d Fr	rom 2016			
e Fr	rom 2017			
f_Tc	otal of lines 3a through e			
g Ap	pplied to underdistributions of prior years			
<u>h</u> Ap	pplied to 2018 distributable amount			
i Ca	arryover from 2013 not applied (see instructions)			
j Re	emainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Di	istributions for 2018 from Section D,			
lin	ne 7: \$			
a Ap	pplied to underdistributions of prior years			
b Ap	pplied to 2018 distributable amount			
c Re	emainder. Subtract lines 4a and 4b from 4.			
5 Re	emaining underdistributions for years prior to 2018, if			
an	ny. Subtract lines 3g and 4a from line 2. For result greater			
th	an zero, explain in Part VI. See instructions.			
6 Re	emaining underdistributions for 2018. Subtract lines 3h			
an	nd 4b from line 1. For result greater than zero, explain in			
Pa	art VI. See instructions.			
7 E>	xcess distributions carryover to 2019. Add lines 3j			
an	nd 4c.			
8 Br	reakdown of line 7:			
a Ex	xcess from 2014			
<u>b Ex</u>	xcess from 2015			
c Ex	xcess from 2016			
<u>d</u> Ex	xcess from 2017			
<u>e</u> Ex	xcess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

10 Line 8 amount divided by line 9 amount

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS FUNDRAISING REVENUE
2014 AMOUNT: \$ 79,560.
2015 AMOUNT: \$ 88,145.
2016 AMOUNT: \$ 66,266.
2017 AMOUNT: \$ 111,629.
2018 AMOUNT: \$ 134,482.
OTHER REVENUE
2014 AMOUNT: \$ 4.
2015 AMOUNT: \$ 2,875.
2016 AMOUNT: \$ 52.
2017 AMOUNT: \$ 0.
2018 AMOUNT: \$ 0.
GROSS GAMING REVENUE
2014 AMOUNT: \$ 0.
2015 AMOUNT: \$ 0.
2016 AMOUNT: \$ 0.
2017 AMOUNT: \$ 2,450.
2018 AMOUNT: \$ 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

MAKE-A-WISH FOUNDATION OF PUERTO RICO 66-0529880						
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
• •	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
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 (entering "N/A" in column (b) instead of the contributor name and address), 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).						

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF PUERTO RICO	66-0529880

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Hame, dad ees, and En 1 7	\$\$66,537.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

	<u> </u>
Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF PUERTO RICO	66-0529880

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
7 <u>7</u>	Name, address, and ZIP + 4	\$\$	Person X Payroll X Noncash X (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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.)

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION OF PUERTO RICO

66-0529880

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SUPPLIES TRAVEL, M&E, 1 9,323. 08/31/19 (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I THEME PARK TICKETS, MEALS, TRANSPORTATION 2 332,846. 08/31/19 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I GIFT CARDS 4 11/12/18 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FURNITURE FOR WISHES 7 08/31/19 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Name of or	rganization			Employer identification number
MAKE-A-W	ISH FOUNDATION OF PUERTO RICO			66-0529880
Part III) through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organization	, or (10) that total more than \$1,000 for the year is this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip 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	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip 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	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MAKE-A-WISH FOUNDATION OF PUERTO RICO

Employer identification number

Pa	organizations maintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	oe used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	onservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	·
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describe	es the organization's accounting for
Da	conservation easements.	Aut Historical Transcures or /	Othor Cimilar Assats
Ра	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		Other Similar Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		oment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ	,	rance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC		ant and halance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, ed	•	· ·
	•	ucation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		. .
^		an at her similar assets for finance	
2	If the organization received or held works of art, historical trea		ciai gairi, provide
_	the following amounts required to be reported under SFAS 11	· · · · · · · · · · · · · · · · · · ·	•
a	Revenue included on Form 990, Part VIII, line 1		
h	Accordingly and Lorm UUI Dorf V		- u

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other	Similar	Assets	(contir	nued)	
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a sigi	nificant us	se of its c	ollection	item	s
b Scholarly research e		(check all that apply):										
c	а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	ams					
4 Provide a description of the organization's collections and explain how they further the organization's exempt [purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part V	b	Scholarly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
Part W 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 X2, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Yes No If "Yes" explain the arrangement in Part XIII and complete the following table: C	5	During the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or othe	r 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
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance												
c Beginning balance	1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
d Additions during the year e Distributions during the year f Ending balance 2 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 IV, line 10. Beginning of year balance I a Beginning of year balance I a Beginning of year balance I a Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back I Administrative expenses I Grants or scholarships C Other expenditures for facilities and programs f Administrative expenses J End of year balance P Other expenditures for facilities and programs f Administrative expenses J End of year balance P Permanent endowment I P 96 Fermanent endowment I P 96 Fermanent endowment I P 96 Fermanent endowment I P 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment I thrush not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Sa(ii) are the related organization sendowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (investment) Description of property (b) Cost or other basis (other) Description of property (c) Cost or other basis (other) Description of property (d) Equipment Sequent (d) Book value basis (investment) Description of property (d) Equipment Sequent (d) Book value Description of property (e) Cost or other basis (other) Description of property (e) Equipment Description of property (e) Cost or other basis (other) Description of property (e) Equipment Description of property (e) Equipment Description of proper		on Form 990, Part X?								Yes		No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (for the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior years back (for Four years back (for Four years back (for Four years back (for Four years back) (fo	b											
d Additions during the year Distributions during the year Ending balance										Amoun	t	
d Additions during the year Distributions during the year Ending balance	С	Beginning balance						1c				
e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Yes No 2 No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. 4 Beginning of year balance 5 Contributions 6 Contributions 6 Contributions 7 Net investment earnings, gains, and losses 9 Contributions 9 Contex expenditures for facilities 9 Contex expenditures for facilities 9 Contributions 1 Administrative expenses 9 End of year balance 1 Permanent endowment 9 Permanent 1 Permanent 2 Provide the estimated percentage of the current year end balance 3 Permanent 3 Permanent 3 Permanent 3 Permanent 4 Permanent 3 Permanent 4 Permanent 5 Permanent 4 Permanent 5 Permanent 6 Permanent 7 Permanent 7 Permanent 7 Permanent 7 Permanent 7 P								1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. Part V Endowment Funds. Complete if the organization in the account of the property of the property of the property of the passis (other) depreciation of property as is funded by Buildings Calassis (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back	е	Distributions during the year						1e				
By If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	f	Ending balance						1f				
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Describe in Part XIII the intended uses of the organization server in Part XIII the intended uses of the organization server in Part XIII the intended uses of the organization's endowment funds. Call Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Call Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe if the organization ans	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ıstodial accou	unt liabilit	y?	\square	Yes		No
The percentages on lines 2a, 2b, and 2c should equal 100%. A a reference endowment funds not in the possession of the organizations by: (i) unrelated organizations (ii) related organizations (iii) cost or other (a) Cost or other (b) Cost or other (b) Cost or other (b) Buildings (d) Book value (d) Book value (d) Equipment												
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	Par	t V Endowment Funds. Complete i	f the organization an	swered '	"Yes" on Fo	rm 990, Part	IV, line 10).				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three ye	ears back	(e) Four	year	s back_
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships										
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \$\bigsquare* \bigsquare* \b	е	Other expenditures for facilities										
g End of year balance		and programs										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses										
a Board designated or quasi-endowment	g	End of year balance										
b Permanent endowment ▶	2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:						
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) 1 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) Buildings C Leasehold improvements d Equipment 56,255. 43,959. 12,296. Other	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 56,255. 43,959. 12,296. Other	С	Temporarily restricted endowment ▶	%									
by:		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
(ii) unrelated organizations (iii) 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 6 Other	За	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held ar	nd administer	ed for the	organizat	tion			
(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 56,255. 43,959. 12,296. e Other		by:									Yes	No
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 56,255. 43,959. 12,296. e Other		(i) unrelated organizations								3a(i)		<u> </u>
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) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 56,255. 43,959. 12,296.										3a(ii)		<u> </u>
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) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment o Other Other	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
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) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other Other				wment fu	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Equipment (f) Cost or other basis (other) (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other)	Pai											
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 56,255. 43,959. 12,296. e Other		•	d "Yes" on Form 990), Part IV								
b Buildings C Leasehold improvements c Leasehold improvements 56,255. 43,959. 12,296. e Other 90 12,296. 12,296.		Description of property	' '			I	. ,		d	(d) Boo	k val	ue ——
c Leasehold improvements 56,255. 43,959. 12,296. e Other 9 12,296.	1a	Land										
d Equipment 56,255. 43,959. 12,296. e Other												
e Other	С	Leasehold improvements										
	d	Equipment				56,255.		43,9	59.		12	,296.
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	qual Form 990, Part	X, colum	n (B), line 1	0c.)					12	,296.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990, I	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market 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"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(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.				
	5 000 D 1 N		D 1 V II 45	
Complete if the organization answered "Yes"		, line 11a. See Form 990, i	Part X, line 15.	(h) Pook volue
·	Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	45)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>? 15.) </u>		······	
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form	000 Part Y line 25	
(a) Description of liability.	011 F01111 990, Fait IV	(b) Book value	1 990, Fait A, IIIle 23	
(1) Federal income taxes		(b) Book value		
(2) DUE TO NATIONAL		232.		
\ <u>-</u> /		1,098.		
		7,327.		
- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1,521.		
<u>(5)</u>				
<u>(6)</u>				
(7)				
(8)				
(9)		0 657		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶	8,657.		

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

Part XI Reconciliation of Revenue per Audited Financial S		evenue per Ret	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV				
1 Total revenue, gains, and other support per audited financial statements			1	2,135,603.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments		052 554		
b Donated services and use of facilities		853,774.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				052 774
e Add lines 2a through 2d			2e	853,774.
3 Subtract line 2e from line 1			3	1,281,829.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b		-9,790,		
b Other (Describe in Part XIII.)		,	4.	_0 700
c Add lines 4a and 4b		I I	4c	-9,790. 1,272,039.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line Part XII Reconciliation of Expenses per Audited Financial	12.) Statements With F		5 Seturn	1,272,039.
		-xperises per in	etuiii.	
Complete if the organization answered "Yes" on Form 990, Part IV			4	2,161,885.
1 Total expenses and losses per audited financial statements			1	2,101,003.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا	853,774.		
a Donated services and use of facilities		033,774.		
b Prior year adjustments				
c Other losses		9,790.		
d Other (Describe in Part XIII.) e Add lines 2a through 2d			20	863,564.
			2e	1,298,321.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,250,022.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin			5	1,298,321.
Part XIII Supplemental Information.	<u>ie 10., </u>			, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid PART X, LINE 2: MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST	le any additional informa			(5 L, 1 at X),
FOUNDATION AT AUGUST 31, 2019.				
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
EVENT FUNDRAISING EXPENSES	-9 790.			
	,,,,,,			
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
EVENT FUNDRAISING EXPENSES	9,790.			

Schedule Difform 980) 2018 MARE-A-VISIR FOUNDATION OF FUERTO RICO 66-0523880 Page 5 P	Schedule D (Form 990) 2018	MAKE-A-WISH FOUNDATION OF PUERTO RICO	66-0529880	Page 5
	Part XIII Supplemental Infor	mation (continued)		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2018

MAKE-A-WISH	66-0	52988	0					
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retaine fundrais listed in co	ed by) er	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total			<u> </u>					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt f	rom reg	gistration	

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

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through MAGIC NIGHT GOLF TOURNAMENT col. (c)) (event type) (event type) (total number) 137,978. 139,260. 101,158. 378,396. 1 Gross receipts 2 Less: Contributions 80,489. 98,187. 65,238. 243,914. **3** Gross income (line 1 minus line 2) 57,489. 41,073. 35,920. 134,482. 4 Cash prizes 5 Noncash prizes 1,809. 1,809. Direct Expenses 13,310. 6 Rent/facility costs 13,310. 12,228. 9,816. 2,503. 24,547. 7 Food and beverages 6,812. 3,592. 10,404. 8 Entertainment 29,455. 26,260. 38,487. 94,202. 9 Other direct expenses 144,272. **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,790. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 MAKE-A-WISH FOUNDATION OF PUERTO RICO	152988	U	Page 3
11	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	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 '	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	s If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
h	• 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	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a column of the	rt III lin	es 9	9b 10b
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		C3 0,	55, 165,

Schedule G	G (Form 990 or 990-EZ)	MAKE-A-WISH F	OUNDATION OF	PUERTO RICO		66-0529880	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation _{(continued}	d)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer								Employer identification number	
	MAKE-A-WISH FOUNDATION OF PUERTO RICO								
Part I	General Information on Grants a	nd Assistance							
cri	teria used to award the grants or assis	stance?						X Yes No	
2 De	scribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.				
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any								
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 En	ter total number of section 501(c)(3) a	ı nd government ord	ı aanizations listed in th	ue line 1 table	l	l	l	0.	

Schedule I (Form 990) (2018)

(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
WISHES GRANTED	130	134,986.	694,547.	FMV	TRAVEL, M&E, SUPPLIES
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
PART I, LINE 2:					
MAKE-A-WISH OF PUERTO RICO, INC DOES NOT PROVIDE	CASH GRANTS TO	ı			
INDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTE	D BENEFICIARIES	THAT MEET			
SPECIFIC CRITERIA. FOR THE WISH GRANTING PROGRAM	f, THE ORGANIZAT	ION			
GENERALLY ALLOCATES FUNDS DIRECTLY TO THE VENDOR	RS FOR THE WISH	EXPENSES,			
WITH THE EXCEPTION OF TRAVEL STIPENDS (I.E. MEAN	S TIPS GAS E	TC.) FROM A			
STANDARDIZED WISH BUDGET. ALL WISH EXPENSES ARE					
COORDINATOR AND ARE APPROVED BY THE EXECUTIVE DI	RECTOR. THE SUP	FORTING WISH			
EXPENSE DOCUMENTATION (I.E. INVOICES AND STATEME	ENTS) IS RETAINE	D BY THE			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

MAKE-A-WISH FOUNDATION OF PUERTO RICO

Employer identification number 66-0529880

Par	t I Types	of Property						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ts
1	Art - Works of a	art						
2		treasures						
3		interests						
4		olications						
5		ousehold goods						
6		vehicles						
7		nes						
8		perty						
9		olicly traded						
10		sely held stock	I					
11	Securities - Par	tnership, LLC, or						
	trust interests							
12	Securities - Mis	scellaneous						
13	Qualified conse	ervation contribution -						
	Historic structu	ıres						
14	Qualified conse	ervation contribution - Other						
15	Real estate - Re	esidential						
16	Real estate - C	ommercial						
17	Real estate - O	ther						
18	Collectibles							
19	Food inventory							
20	Drugs and med	dical supplies						
21	Taxidermy							
22	Historical artifa	cts						
23	Scientific spec	imens						
24	Archeological a	artifacts						
25	Other (WISH-RELATED) X	135	406,374.	COST/SELLING PRI	CE	
26	Other (OTHER) X	24	,	COST/SELLING PRI		
27	Other (SPECIAL EVENT) X	8	6,046.	COST/SELLING PRI	CE	
28	Other 🕨 ()					
29		ms 8283 received by the orga	-	•				
	for which the o	rganization completed Form	8283, Part IV, I	Donee Acknowledo	gement 29		0	_
							Yes	No
30a		r, did the organization receive						
		it least three years from the d						
		ses for the entire holding perio					30a	X
	•	be the arrangement in Part II.						
31	-	nization have a gift acceptanc		•	•	ions?	31 X	\vdash
32a	-	nization hire or use third partie		_				,
_	contributions?						32a	X
	If "Yes," descri							
33		ion didn't report an amount ir	n column (c) fo	r a type of property	tor which column (a) is chec	cked,		
	describe in Par	t II.						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Employer identification number

MAKE-A-WISH FOUNDATION OF PUERTO RICO 66-0529880 FORM 990, PART I, LINE 1: THE MAKE-A-WISH FOUNDATION OF PUERTO RICO CREATES LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES, FORM 990, PART III, LINE 4A: THE MAKE-A-WISH FOUNDATION OF PUERTO RICO 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 LIFE THREATENING MEDICAL CONDITION 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 FOUNDATION GRANTED 130 WISHES DURING THE FISCAL YEAR ENDING AUGUST 31 2019. THE COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS \$829,533. OF THIS AMOUNT, \$282,862 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 EXPENSE. FOR FORM 990, HOWEVER, THE IRS REQUIRES THE \$282,862 OF CONTRIBUTED SERVICES AND USE OF FACILITIES TO BE EXCLUDED FROM THE BOTH REVENUE AND EXPENSE.

Name of the organization MAKE-A-WISH FOUNDATION OF PUERTO RICO	Employer identification number 66-0529880
THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE	
ACCOUNTING FIRM WAS REVIEWED BY THE FOUNDATION'S CEO. THE RETURN WAS THEN	
PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. SUBSEQUENT TO THE	
BOARD'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	
CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS MONITORED	
BY THE CHIEF EXECUTIVE OFFICER. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS	
OF INTEREST OF WHICH THE CHIEF EXECUTIVE OFFICER BECOMES AWARE INCLUDES,	
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 2018 COMPENSATION, THE CEO'S COMPENSATION WAS DETERMINED BY THE BOARD	
OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED AGAINST	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF PUERTO RICO	Employer identification number 66-0529880
NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS BY	
MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED BY	
STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE BOARD'S	
DISCUSSIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED. DOCUMENTATION	
INCLUDED THE TERMS OF THE TRANSACTION AND DATE IT WAS APPROVED, THE MEMBERS	
DURING DELIBERATIONS, AND THOSE WHO VOTED ON IT, AND THE COMPARABILITY DATA	
RELIED UPON AND HOW IT IS OBTAINED.	
FORM 990, PART VI, SECTION B, LINE 15B:	
SALARIES FOR STAFF OTHER THAN THE CEO IN CONSULTATION WITH THE EMPLOYEES	
IMMEDIATE SUPERVISOR WITHIN LIMITS SET BY THE BOARD-APPROVED BUDGET ALL	
SALARY INCREASES ARE BASED ON METRICS FROM PERFORMANCE REVIEWS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S PUBLIC DOCUMENTS ARE AVAILABLE FOR REVIEW. THE	
ORGANIZATION'S WEBSITE, (PUERTORICO.WISH.ORG), DIRECTS INTERESTED PARTIES	
TO CONTACT THE CEO VIA TELEPHONE, REGULAR OR ELECTRONIC MAIL TO SCHEDULE AN	
APPOINTMENT TO REVIEW OR RECEIVE A COPY OF THE "GOVERNING DOCUMENTS",	
CONFLICT OF INTEREST STATEMENTS, FINANCIAL STATEMENTS, FORM 1023 OR FORM	
990.	
FORM 990, PART X, LINE 27:	
THROUGH THE FISCAL YEAR ENDED AUGUST 31, 2018, THE FOUNDATION ACCRUED	
FOR ESTIMATED COSTS OF REPORTABLE PENDING WISHES WHEN FIVE CERTAIN,	
MEASURABLE WISH CRITERIA WERE MET. THIS ACCRUAL DID NOT REPRESENT A	
LEGALLY BINDING LIABILITY BUT WAS CONSIDERED A MORAL OBLIGATION TO THE	
CHILD BY THE FOUNDATION ARISING WHEN THE FIVE CRITERIA WERE MET. GIVEN	
THE CHANGES TO THE WISH GRANTING ENVIRONMENT THAT HAVE OCCURRED IN	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2			
Name of the organization MAKE-A-WISH FOUNDATION OF PUERTO RICO	Employer identification number 66-0529880			
RECENT YEARS, THE FOUNDATION DETERMINED THAT THE CALCULATION WAS NO				
LONGER REPRESENTATIVE OF THE FUTURE OBLIGATIONS. THE FOUNDATION REMAINS				
COMMITTED TO ITS MISSION. AS A RESULT OF THIS CHANGE IN ACCOUNTING				
PRINCIPLE, NET ASSETS WITHOUT RESTRICTIONS AS OF SEPTEMBER 1, 2018 HAVE				
INCREASED BY \$418,546.				

Form **8868**

(Rev. January 2019)

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.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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/e-file-providers/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. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or MAKE-A-WISH FOUNDATION OF PUERTO RICO print 66-0529880 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your PO BOX 193348 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JUAN, PR 00919-3348 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 0 **Application** Return **Application** Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 5227 Form 990-PF Ω4 10

Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870 12				12
■ BOHEMARIE BARNES ■ The books are in the care of ■ URB EL VEDADO 416 AGU	JEYBANA	- SAN JUAN, PR 00919				
Telephone No. ► 787-281-9474						
 If the organization does not have an office or place of busines If this is for a Group Return, enter the organization's four digit box If it is for part of the group, check this box 	Group Exe	nited States, check this box emption Number (GEN)	If thi	s is fo	the whole	e group, check this
I request an automatic 6-month extension of time until the organization named above. The extension is for the org	ganization's		, to file the	exem	npt organiz 	ation return for
2 If the tax year entered in line 1 is for less than 12 months, o Change in accounting period	check reas	on: Initial return	Fina	l retur	n	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 any nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less		3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 606 estimated tax payments made. Include any prior year over	<i>'</i>	•		3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your p using EFTPS (Electronic Federal Tax Payment System). Se	•			3с	\$	0.
Caution: If you are going to make an electronic funds withdrawa	ıl (direct de	bit) with this Form 8868, see	Form 8453-l	EO an	d Form 88	79-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

instructions