** FORM 990 PUBLIC DISCLOSURE COPY **

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

AUGUST 31, 2020

PREPARED FOR:

MAKE-A-WISH FOUNDATION OF NORTH TEXAS 16803 DALLAS PARKWAY NO. 100 ADDISON, TX 75001

PREPARED BY:

DELOITTE TAX LLP TWO JERICHO PLAZA JERICHO, NY 11753

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form JJU
(Rev. January 2020)
Department of the Treasury

** 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)

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OMB No. 1545-0047 g Open to Public Inspection

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	Go to	www.ir	s.gov/Form	1990 for	instructions	and t	he lates	t inform	ation
D 🖉	o not o	enter so	cial securit	y numbe	ers on this fo	rm as	it may	be made	e pub

ADDISON, TX 75001 H(a) Is this a group return for subordinates;	ΑΙ	For the :	2019 calendar year, or tax year beginning SEP 1, 2019 and	ending At	JG 31, 2020		
Image Part Article Poundation Or North TEARS 75-1889665 Doing Dusiness as 75-1889666 Initial artern 16803 DALLAS PARKNAY 100 Image Part of the part	B	Check if applicable:	C Name of organization		D Employer identific	cation number	
1 Diag Dusiness as 15-1439808 0 150-1439808 100 0 150-1439808 100 0 16803 DALLAS PARKWAY 100 0 1214-496-9474 1214-496-9474 0 1214-496-9474 1214-496-9474 0 1214-496-9474 100 0 1214-496-9474 100 0 1214-496-9474 100 0 1214-496-9474 100 0 1214-496-9474 11 0 1214-496-9474 11 0 1214-496-9474 11 0 1214-496-9474 11 0 1214-496-9474 11 0 1214-496-9474 11 0 1214-496-9474 11 0 11 11 11 0 11 11 11 11 0 11 1214-496-9474 11 11 1 11 1214-496-9474 1214-496-9474 11 11 11 11 11 11 11 11 <td></td> <td>Address change</td> <td>MAKE-A-WISH FOUNDATION OF NORTH TEXAS</td> <td></td> <td></td> <td></td>		Address change	MAKE-A-WISH FOUNDATION OF NORTH TEXAS				
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 16803 DALLAS PARKWAY 100 E Telephone number 214-496-9474 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 3 7, 282, 5 Application F Name and address of principal officer: SCOTTY LANDRY F Name and address of principal officer: SCOTTY LANDRY H(a) Is this a group returm Group exempt status: X 501(c)(3) 501(c)((insert no.) 4947(a)(1) or 527 H(b) Are all subcordinates included? Yes If "No," attach a list. (see instructions) J Website: NTX.WTSH. ORG K form of organization: X Corporation Trust Association Other L Year of formation: 1983 M State of legal domicide: Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. . 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. . 3 Number of individuals employed in calendar year 2019 (Part VI, line 1a) 4 . 4 Number of individuals employed in calendar year 20		Name	Doing business as		75-1889666		
Image: State of the image: State of province, country, and ZIP or foreign postal code ADDISON, TX 75001 16803 DALLAS PARKWAY 100 214-496-9474 Image: State of the image: State of province, country, and ZIP or foreign postal code ADDISON, TX 75001 G cross receipts \$ 7,282,5 Image: State of the image: State of principal officer: SCOTTY LANDRY SAME AS C ABOVE H(a) Is this a group return for subordinates? Yes X State AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or 527 H(b) Are all subordinates? If "No," attach a list. (see instructions) J Website: ▶ TXX.WISH.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1983 M State of legal domicite: Part I Summary 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 Mumber of individuals employed in calendary ear 2019 (Part V, line 2a) 5 6 Total number of voting members of the governing body (Part VI, line 1a) 4 b Number of independent voting members of the governing body (Part VI, line 1a) 4 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Form 990-T, line 39 12, 707, 255. 6, 339, 6 9 Program service rev		Initial return		Room/suite	E Telephone number	r	
ated Amended City or town, state or province, country, and ZIP or foreign postal code C Greas receipts \$ 1, 282, 5 ADDISON, TX 75001 FName and address of principal officer: SCOTTY LANDRY H(a) Is this a group return for subordinates ? Yes X SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) () () (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates include? Yes X J Website: NTX.WISH.ORG H(c) Group exemption number K K Form of organization; X Corporation Trust Association Other L Yes of formation: 1983 M State of legal domicile; Part I Summary I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. See SCHEDULE 0. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2019 (Part V, line 1a) 3 4 4 Number of nolividuals employed in calendar year 2019 (Part V, line 2a) 5 6 5 Total number of volunteers (estimate if necessary) 6 7 7a -19, 1 7 Total unelated business taxable income from Form 990-T, line 39 12, 7		return/	16803 DALLAS PARKWAY	100	214-496-9474		
Instruct Applied, i. K. 7 Jool Applied, i. K. 7 Jool F Name and address of principal officer; SCOTTY LANDRY SAME AS C ABOVE for subordinates;		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,282,505.	
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I 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: ▶ NTX.WISH.ORG If "No," attach a list. (see instructions) H(c) Group exemption number ▶ K Form of organization: X Orporation Trust Association Other ▶ L Year of formation: 1983 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voling members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2019 (Part VI, line 2a) 6 Total number of oluniteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ta b Net unrelated business taxable income from Form 990-T, line 39 Prior Year 10 Investment income (Part VIII, line 1h) 12,000. 9 Program service revenue (Part VIII, line 2g) 11,883,461. 6,298,5 10 Investment income (Part VIII, column (A), lines 1·3) 4,688,856. 1,958,9 14 Benefits paid to or for members paid (Part IX, column (A), lines 1·3) 4,688,856.		Applica- tion			for subordinates	? Yes X No	
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Coloring advector company to control (articly, coloring (a), lines (10), lines (10), a (11), a					4,688,856.	1,958,910.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,654,430. 3,318,9 16a Professional fundraising fees (Part IX, column (A), line 11e) 82,000. b Total fundraising expenses (Part IX, column (D), line 25) 1,827,377.		14 B	enefits paid to or for members (Part IX, column (A), line 4)		٥.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 82,000. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,827,377.	ŝ	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,654,430.	3,318,913.	
b Total fundraising expenses (Part IX, column (D), line 25) b 1,827,377.	nse	16 a P	rofessional fundraising fees (Part IX, column (A), line 11e)		82,000.	0.	
	g	ь вт	otal fundraising expenses (Part IX, column (D), line 25)	377.			
	ш	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,082,322.	2,086,280.	
		18 ⊤	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		, ,	7,364,103.	
			evenue less expenses. Subtract line 18 from line 12		1,375,853.	-1,065,514.	
Beginning of Current Year End of Year	S OL			Be			
	sets	ਚ੍ਰੋ 20 T	otal assets (Part X, line 16)			18,799,351.	
	tAs	21 ⊺	otal liabilities (Part X, line 26)			8,984,132.	
22 Net assets or fund balances. Subtract line 21 from line 20					11,069,612.	9,815,219.	

Fart II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	▲								
Sign	Signature of officer			Da	te				
Here	BELINDA MARSHALL, CHIEF FINANCIAL	OFFICER							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Auri	Date	Check PTIN				
Paid	CHRISTINE KAWECKI		Unthemeeks	07/09/21	self-employed P00743140				
Preparer	Firm's name 🕞 DELOITTE TAX LLP			Fir	m's EIN 🕨 86–1065772				
Use Only	Firm's address 🕨 TWO JERICHO PLAZA								
JERICHO, NY 11753 Phone no.516-918-700									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
932001 01-2	2001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2019) MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF NORTH TEXAS CREATES LIFE-CHANGING WISHES		
	FOR CHILDREN WITH CRITICAL ILLNESSES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Ye	s 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
3			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	and
	revenue, if any, for each program service reported.		0.000
4a	(Code:) (Expenses \$4, 259, 609. including grants of \$1, 958, 910.) (Revenue	\$	9,382.)
	SEE SCHEDULE O.		
4			<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c		<u></u>)
40	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 4,259,609.)	
-+0			

Form 990 (MAKE-A-WISH		OF	NORTH	TEXAS
Part IV	Checklist o	f Required Sche	dules			

75-1889666 Page **3**

			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 donor-restricted endowments			
	or in 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, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	s reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
19		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b		20a 20b		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
			000	

Form	990	(201	Q)
FUIIII	990	1201	3

	art 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			110	
	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				
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	х		
24:	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		x	
ł	 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 	24b			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10			
	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			
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x	
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete				
		25b		x	
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		x	
F	 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 	28b		x	
	• A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200			
U	"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	х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25			
00		30		x	
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x	
32	Did the organization requidate, terminate, or discove and cease operations: <i>If Tes, complete Schedule N, Part T</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>				
02		32		x	
33	Schedule N, Part II	02			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
~	Part V, line 1	34		x	
35:	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x	
	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000			
~	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?	000			
00	If "Yes," complete Schedule R, Part V, line 2	36		x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X	
00		38	х	1	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	00		<u> </u>	
	Obach if Cabady la O contains a version and an actual in the Int Ma				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No	
4.	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5.	2	103		
		5			

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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Form	990 (2019) MAKE-A-WISH FOUNDATION OF NORTH TEXAS 75-188966	6	Р	_{age} 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 59				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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?	5b		Х	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	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 contributions 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 services provided to the payor?	7a	х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	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	-			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	-			
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	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 income?	16		X	
	If "Yes," complete Form 4720, Schedule O.		000		

Form **990** (2019)

Form	990 (2019) MAKE-A-WISH FOUNDATION OF NORTH TEXAS		75-18896		P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 three	ough	7b below, and for a	"No" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	5		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckhol	ders, or			
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
-	The governing body?			<u>8a</u>	X X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach			9		x
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	<u> </u>	O (1)	9		- 11
000	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
D			, anniacos,	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		e initig the ferrit	1.0		
	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_e					
	in Schedule O how this was done	-, -		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	zation	's			
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \mathbf{P}^{TX}	1.000	T (0 4'			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public imposition indicate how you made these qualitable. Check all that apply	a 990	•1 (Section 501(c)(3)	s only)	availa	BIG
	for public inspection. Indicate how you made these available. Check all that apply.	~				
40	X Own website Another's website X Upon request Other (explain a		,	dfiner	Nici	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	niict O	millerest policy, and	u iinano	iai	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's book	~ ~ ~ ~ ~	l rocords			
20	BELINDA MARSHALL - 214-496-9474	s and				
	16803 DALLAS PARKWAY, SUITE 100, ADDISON, TX 75001					

Form 990 (2	2019) MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666	Page 7					
Part VII	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 a	• 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any				from the	from related	other			
	hours for	direct				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	In stitutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	e Hig	For			
(1) LESLIE KEATING	3.00								_	_
CHAIR		х		х				0.	0.	0.
(2) BARRY FROMBERG	1.00									
TREASURER		х		х				0.	0.	0.
(3) JAMIL ALIBHAI	1.00								_	_
SECRETARY		х		х				0.	0.	0.
(4) ALBERT SMITH, JR.	1.00									
DIRECTOR AS OF 9/1/19		х						0.	0.	0.
(5) ALLICYN EVANS	1.00								_	_
DIRECTOR		х						0.	0.	0.
(6) ANELISE ANGELINO SACKS	1.00								_	_
DIRECTOR		х						0.	0.	0.
(7) ANGIE BUCKMEIER	1.00								_	_
DIRECTOR THROUGH 9/23/19		х						0.	0.	0.
(8) CALVIN CARTER	1.00								_	_
DIRECTOR		х						0.	0.	0.
(9) CHRISTINA RICCIO	1.00									
DIRECTOR THROUGH 9/24/19		х						0.	0.	0.
(10) DAN BERNER	1.00									
DIRECTOR		х						0.	0.	0.
(11) DARRIN WEBER	1.00									
DIRECTOR		х						0.	0.	0.
(12) DR. BRADLEY WEPRIN	1.00									
DIRECTOR		х						0.	0.	0.
(13) FELIX MENESES	1.00									
DIRECTOR		х						0.	0.	0.
(14) HOWARD WESTERMAN	1.00									
DIRECTOR AS OF 9/1/19		х						0.	0.	0.
(15) JACQUELYN WOLF	1.00									
DIRECTOR AS OF 9/1/19	1	Х						0.	0.	0.
(16) JANNAH HODGES	1.00									<u>^</u>
DIRECTOR THROUGH 7/31/20	1	Х						0.	0.	0.
(17) JOAN HOLMAN	1.00									<u>^</u>
DIRECTOR		Х						0.	0.	0.

<u>Form 990 (2019)</u> MAKE-A-WISH E	OUNDATION	OF	NORI	CH '	TEX	AS			75-188	9666	5	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employees	(continued)				
(A) Name and title	(B) Average hours per week	(do box offi		(C Posi neck i is per	C) itior more rson i	1 than o is both	one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related	I	an	(F) timate nount other	of
	(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		fr org and	pensa om th anizat d relat anizat	ie tion ted
(18) JULIE GARRETT	1.00	_	_	0	×	1	-						
DIRECTOR		х						0.		٥.			Ο.
(19) KEVIN SAMPLE	1.00												
DIRECTOR AS OF 9/1/19		х						0.		٥.			0.
(20) LEE WILLIAMS	1.00												
DIRECTOR		х						0.		٥.			0.
(21) LINDSAY WILSON	1.00												
DIRECTOR		Х						0.		٥.			0.
(22) RACHEL STEPHENS	1.00												
DIRECTOR		х						0.		٥.			٥.
(23) RANDOL JUSTICE	1.00												
DIRECTOR THROUGH 8/27/20		Х						0.		٥.			٥.
(24) REGAN HAGGERTY	1.00												
DIRECTOR		Х						0.		٥.			٥.
(25) ROB MCKAY	1.00												
DIRECTOR		Х						0.		٥.			٥.
(26) SHARON MORRISON	1.00												
DIRECTOR AS OF 9/1/19		X						0.		٥.			٥.
1b Subtotal								0.		٥.			٥.
c Total from continuation sheets to Part VI	, Section A							918,448.		٥.		72,	926.
d Total (add lines 1b and 1c)								918,448.		٥.		72,	926.
2 Total number of individuals (including but ne compensation from the organization ►	ot limited to th	ose	listeo	d ab	ove	e) wh	o re	eceived more than \$100,0	00 of reportable				6
										Г	_	Yes	No
3 Did the organization list any former officer,	-		•	•	•		Ŭ				3		x
line 1a? If "Yes," complete Schedule J for su										··· -	3		
4 For any individual listed on line 1a, is the su											4	х	
and related organizations greater than \$150Did any person listed on line 1a receive or a										F	4		
rendered to the organization? If "Yes," com	-				-			-			5		x
Section B. Independent Contractors		<u> </u>	or su	<u>cn ț</u>	Jers	ion -				<u> </u>	5		
1 Complete this table for your five highest cor	mpensated inc	lono	nden		ontre	acto	re th	nat received more than \$1	00 000 of comp		ion fro	m	
the organization. Report compensation for t										11541		,,,,,	
(A)				9				(B)			(C	;)	
Name and business	address	NO	NE					Description of se	ervices	Co	omper	nsatio	n
		- 4 /				,.							
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz		ot lin	nited	το		se lis 0	ted	above) who received more	re than				

Location R. Control P. Control (A) (B) (C) (Form 990 MAKE-A-WISH	FOUNDATION	OF	NOR	TH	TEX	AS			75-18896	566
Name and tille Average box per velocities Position (new kind per velocities) Peosition (new kind per velocities) Reportable compensation from the organization (W2/1099-MISC) Estimated amount of the organization (W2/1099-MISC) Estimated amount of the organization (W2/1099-MISC) Estimated amount of the organization organization and related organizations (27) SRELLEY MOZELLE 1.00 x 0 0. 0. 0. 0. (23) SRELLEY MOZELLE 1.00 x 0 0. 0. 0. 0. (23) SREAPS VIDAL-BROWN 1.00 x 0 0. 0. 0. 0. (23) SREAPS PROVORT 1.00 x 0 0. 0. 0. 0. (23) SREAP REVORT 1.00 x 0 0. 0. 0. 0. (23) SREAP REVORT 1.00 x 1 0 0. 0. 0. 0. (23) SREAP VIDAL-BROWN 1.00 x 1 2.3.184. 0. 2.1.42. (23) SREAP VIDAL-BROWN 50.00 x 1 2.3.164.	Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)	
bours week (i) check all that app)/ week (i) check all that app)/ rolusifor organizations (W2/1099.MISC) compensation from related organizations (W2/1099.MISC) anount of other compensation from related organizations (W2/1099.MISC) anount of other compensation from related organizations and related organizations (27) SIRLLEY MOZELLE DILECTOR 1.00 (10) X I 0 0. 0. 0. (27) SIRLLEY MOZELLE DILECTOR 1.00 (28) SIRENTY VIDAL-BROWN 1.00 (28) SIRENTY VIDAL-BROWN X I 0. 0. 0. 0. 0. (28) SIRENTY VIDAL-BROWN 1.00 (23) SIRTWE PROVECT X I I 0. 0. 0. 0. (23) SIRTWE PROVECT 1.00 (23) SIRTWE PROVECT X I I 0. 0. 0. 0. (23) SIRTWE PROVECT 50.00 X I	(A)	(B)							(D)	(E)	(F)
per (it arry hours for related organizations below inclusions inclusions below inclusions below inclusions below inclusions below inclusions below inclusions inclus inclus inclus inclusions inclusions inclusions inclusions incl	Name and title								· · ·		
weak blow weak blowblowblow weak blow			(c	hecł	(all	that	app	ly)			
Idia any related organizations below below inel Norm for the generations below inel Norm for generations below inel Organization (W-2/1089-MISC) W/2/1089-MISC) W/2/1089-MISC) organizations organizations organizations (27) SHELLEY MOZELLE 1.00 x											
(27) SHELLEY MOZELLE 1.00 x 0. <t< td=""><td></td><td></td><td>tor</td><td></td><td></td><td></td><td>plo ye</td><td></td><td></td><td>U U</td><td></td></t<>			tor				plo ye			U U	
(27) SHELLEY MOZELLE 1.00 x 0. <t< td=""><td></td><td></td><td>direc</td><td></td><td></td><td></td><td>ed em</td><td></td><td></td><td></td><td></td></t<>			direc				ed em				
(27) SHELLEY MOZELLE 1.00 x 0. <t< td=""><td></td><td></td><td>tee or</td><td>ustee</td><td></td><td></td><td>ensati</td><td></td><td></td><td></td><td>, ,</td></t<>			tee or	ustee			ensati				, ,
(27) SHELLEY MOZELLE 1.00 x 0. <t< td=""><td></td><td>organizations</td><td>ul trus</td><td>nal tr</td><td></td><td>loyee</td><td>dwo</td><td></td><td></td><td></td><td>organizations</td></t<>		organizations	ul trus	nal tr		loyee	dwo				organizations
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DIRECTOR AS OF 9/1/19 X 0. <td< td=""><td></td><td>1 00</td><td>X</td><td></td><td></td><td>-</td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>		1 00	X			-			0.	0.	0.
(29) STEVE PROVOST 1.00 x 0.		1.00							0	0	0
DIRECTOR x 0.		1 00	X			-			0.	0.	0.
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(35) SUSAN SCHEFFE 50.00 x 122,502. 0. 14,006. (36) MICHAEL SCOTT SMITH 50.00 x 118,666. 0. 7,817.							x		126,795.	٥.	14,432.
CHIEF PROGRAM/STRATEGY OFFICER x 122,502. 0. 14,006. (36) MICHAEL SCOTT SMITH 50.00 x 118,666. 0. 7,817. CHIEF OPERATING OFFICER	(35) SUSAN SCHEFFE	50.00									
(36) MICHAEL SCOTT SMITH 50.00 X 118,666. 0. 7,817. CHIEF OPERATING OFFICER	CHIEF PROGRAM/STRATEGY OFFICER		1				x		122,502.	0.	14,006.
	(36) MICHAEL SCOTT SMITH	50.00									
Image: Section A, line 1c Image: Section A, line 1c 918,448. 72,926.	CHIEF OPERATING OFFICER		1				x		118,666.	0.	7,817.
Image: Section A, line 1c Image:											
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Image: Control of the section A, line 1c Image: Control of the section A, line 1c <td< td=""><td></td><td></td><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>			_								
Image: Section A, line 1c Image: Section A, line 1c 918, 448. 72, 926.		_									
Image: Contract of the section A, line 1c Image: Contract of t			-								
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Image: Section A, line 1c Image: Section A, line 1c 918,448. 72,926.			-								
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Image: Section A, line 1c Image: Section A, line 1c 918,448. 72,926.											
Total to Part VII, Section A, line 1c 918,448. 72,926.											
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Total to Part VII, Section A, line 1c 918,448. 72,926.											
	Total to Part VII, Section A, line 1c								918,448.		72,926.

	t VI	(2019) MAKE II Statement of Re	even	ue						6 Pag
		Check if Schedule O	<u>cont</u> a	<u>ains a res</u> po	nse	<u>or note to any line</u>	e in this Part VIII	<u></u>	<u></u>	
								(B)		(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und
								lunction revenue	business revenue	sections 512 -
5	1 a	Federated campaigns		1a		29,052.				
and Other Similar Amounts		Membership dues								
Ĕ		Fundraising events				1,505,960.				
LA A		d Related organizations								
nile		Government grants (cont								
ŝ		All other contributions, gifts,								
her		similar amounts not include	-			4,804,604.				
ō	c	Noncash contributions included in			;	304,039.				
and	-	Total. Add lines 1a-1f		-			6,339,616.			
						Business Code				
,	2 a	WISH ASSIST FEES				900099	8,850.	8,850.		
	2 c						, -	, ,		
Revenue	~ c									
vel										
B.	e									
2		All other program service	reve	nue						
		Total. Add lines 2a-2f					8,850.			
	3	Investment income (inclu					•			
		other similar amounts)					17,563.		-1,539.	19,1
	4	Income from investment								
	5	Royalties		-		F				
	-	··· ·		(i) Real		(ii) Personal				
	6 a	Gross rents	6a	683,6	27.					
		Less: rental expenses		· · ·						
		Rental income or (loss)	6c	· · ·						
		I Net rental income or (loss)		· · · ·			-21,614.		-17,660.	-3.9
		Gross amount from sales of		(i) Securit		(ii) Other	, -		, -	/
		assets other than inventory	7a		59.	1,000.				
	F	Less: cost or other basis	14	/	-	, -				
e	~	and sales expenses	7b	4,3	56.	0.				
enue		Gain or (loss)	7c		97.	1,000.				
ev V		b Net gain or (loss)			-	· · · · · · · · · · · · · · · · · · ·	903.			9
л Г		Gross income from fundrais					• • • •			
Other Rev	50	including \$1,								
		contributions reported or								
		Part IV, line 18		,	8a	225,515.				
	٢	Less: direct expenses			8b	272,722.				
		Net income or (loss) from				_	-47,207.			-47.2
		Gross income from gamin				····· F				, -
	5.6	Part IV, line 19			9a					
	F	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory,	-	-	í —					
	10 2	and allowances			10a	2,007.				
	L	 Less: cost of goods sold 			102					
						±,35,.	410.	410.		
+	<u> </u>	Net income or (loss) from	sale	s of inventor	у	Business Code				
3	44 -	REBATES/MISC				900099	68.	68.		
ne o						500055	00.			
ven.	b									
Revenue	c									
		All other revenue				L	60			
		Total. Add lines 11a-11d					68.		10.100	
	12	Total revenue. See instructi	ons			🕨	6,298,589.	9,328.	-19,199.	-31

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (A) (B) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,958,910, 1,958,910, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 146,818. 405,566, trustees, and key employees 103,376. 155,372. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,428,670. 876,745. 633,114. Other salaries and wages 918,811. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 89,566 29,499. 26,225 33,842. 175,182 66,558, 28,468, 80,156. Other employee benefits 9 219,929. 81,854. 54,784 83,291. 10 Payroll taxes 11 Fees for services (nonemployees): 9,708 4,453. 1,889 3,366. Management а 3,364. 3,364 b Legal 96,900. 93,900. 3,000. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 1,509. Investment management fees 1,509. f Other. (If line 11g amount exceeds 10% of line 25, g 155,569 39,067. 81,476 35,026. column (A) amount, list line 11g expenses on Sch 0.) 124 124. Advertising and promotion 12 206,804 114,385. 32,043 60,376. Office expenses 13 56,897, 23,374, 9,943. 23,580. Information technology 14 15 Royalties 113,318. 247,575 47,375 86,882. 16 Occupancy 10,231, 46,947. 17,252, 19,464. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 23,437. 4,119. 4,729. 14,589 Conferences, conventions, and meetings 19 131,375. 60,627, 24,921 45,827. 20 Interest Payments to affiliates 21 232,291 106,718, 45,436 80,137. Depreciation, depletion, and amortization 22 29,264 55. -29,135. 74 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) NATIONAL DUES 779,224. 615,587, 85,715, 77,922. а BAD DEBT EXPENSE 91,235. 0. 0. 91,235. h MERCHANT FEES 23,719. 0. 0. 23,719. С 7,980. UNRELATED BUSINESS INCO 0. 7,980. 0 d 757. 251 463. 43 е All other expenses 7,364,103, 4,259,609, 1,277,117, 1,827,377. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

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

Form	990 (2	2019) MAKE-A-WISH FOUNDATIC	N OF	NORTH TEXAS	
Pa	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note	e to an	y line in this Part X	
					(A) Beginning of year
	1	Cash - non-interest-bearing			3,231,535
	2	Savings and temporary cash investments			1,636,624
	3	Pledges and grants receivable, net		3,795,608	
	4				56,484
	5	Loans and other receivables from any current or			
		trustee, key employee, creator or founder, substa			
		controlled entity or family member of any of these	ons		
	6	Loans and other receivables from other disqualif	sons (as defined		
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)	
ts	7	Notes and loans receivable, net			
Assets	8	Inventories for sale or use			62,400
Ä	9	Prepaid expenses and deferred charges			210,354
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	10a	10,962,601.	
	b	Less: accumulated depreciation	10b	859,524.	10,409,778
	11	Investments - publicly traded securities			
	12	Investments - other securities. See Part IV, line 1	1		125,890
	13	Investments - program-related See Part IV line 1			

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					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,231,535.	1	3,907,395.
	2	Savings and temporary cash investments			1,636,624.	2	1,474,253.
	3	Pledges and grants receivable, net			3,795,608.	3	2,376,806.
	4	Accounts receivable, net			56,484.	4	1,721.
	5	Loans and other receivables from any current or			· · · · ·		
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi	-				
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			62,400.	8	75,591.
As	9				210,354.	9	223,147.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,962,601.			
	b	Less: accumulated depreciation	10b	859,524.	10,409,778.	10c	10,103,077.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		125,890.	12	106,112.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			391,069.	15	531,249.
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	33)	19,919,742.	16	18,799,351.
	17	Accounts payable and accrued expenses			774,467.	17	373,600.
	18	Grants payable		18			
	19	Deferred revenue	26,201.	19	132,396.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
iab		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrelate			7,948,286.	23	7,803,097.
	24	Unsecured notes and loans payable to unrelated				24	621,500.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	101 170		F2 F20
		of Schedule D			101,176.		53,539.
	26	Total liabilities. Add lines 17 through 25	<u></u>	► ▼	8,850,130.	26	8,984,132.
ŝ		Organizations that follow FASB ASC 958, check	ck ner				
nce	07	and complete lines 27, 28, 32, and 33.			6,977,691.	07	6,946,452.
ala	27	N I I I I I I I I I I			4,091,921.	27	2,868,767.
ЧB	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 95		ok hara	4,051,521.	28	2,000,707.
'n		and complete lines 29 through 33.	o, cne				
د ۲	20					20	
Net Assets or Fund Balances	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				29 30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
et∤	32	Total net assets or fund balances		E Contraction of the second seco	11,069,612.	32	9,815,219.
Ž	33	-			19,919,742.	33	18,799,351.
	55	TOTAL HADHILIES AND HEL ASSELS/TUNU DAIANCES			,,,	33	

Form **990** (2019)

Form	orm 990 (2019) MAKE-A-WISH FOUNDATION OF NORTH TEXAS			Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets				2		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	,298,	589.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,364,	103.		
3							
4							
5	Net unrealized gains (losses) on investments	5		-15,	523.		
6	Donated services and use of facilities	6	-	-188,	036.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	9	,815,	219.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1		
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2019)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019

Open to Public

	Inspection
alover	identification number

Name	of the	organization	

Nam	e of t	he organization						Employer	r identification number				
				N OF NORTH TEXAS					75-1889666				
Par	tI	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	e instructions	ö.					
The c	rgan	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).						
7 [X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
r		section 170(b)(1)(A)(vi). (Complete Part II.)											
8 [A community trust describe											
9 [An agricultural research org				-		-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor				
[university:											
10 [An organization that norma											
		activities related to its exem							-				
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	atter June 30, 1975.				
.		See section 509(a)(2). (Complete Part III.)											
11 12		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
12 [-	-				•					
		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.											
а		Type I. A supporting orga						-	aivina				
		the supported organization	-	-	• • • •	-							
		organization. You must c			majority o				spporting				
b		Type II. A supporting org			ion with its	s supporte	d organizatio	n(s), by hav	vina				
		control or management o	-				-		-				
		organization(s). You mus			·								
с] Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	ed with,				
		its supported organization											
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	II, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.							
f	Ente	r the number of supported o	organizations										
g		vide the following information			(iv) is the oros	inization listed	())						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No		istruction is					
Total													

Schedule A (Form 990 or 990-EZ) 2019 MAKE-A-WISH FOUNDATION OF NORTH TEXAS

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,574,115.	12,252,930.	11,081,890.	12,707,255.	6,339,616.	51,955,806.
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 \dots						
4	Total. Add lines 1 through 3	9,574,115.	12,252,930.	11,081,890.	12,707,255.	6,339,616.	51,955,806.
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)						271,585.
6	Public support. Subtract line 5 from line 4.						51,684,221.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	9,574,115.	12,252,930.	11,081,890.	12,707,255.	6,339,616.	51,955,806.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,772.	27,142.	193,534.	46,289.	17,563.	291,300.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	٥.	Ο.	17,382.	0.	٥.	17,382.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	772,876.	879,678.	774,368.	737,912.	227,590.	3,392,424.
11	Total support. Add lines 7 through 10						55,656,912.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	58,875.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di [,]	vided by line 11, co	olumn (f))		14	92.86 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	92.52 %
1 6a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MAKE-A-WISH FOUNDATION OF NORTH TEXAS 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.)

Se	ction A. Public Support	<u>siow, pieuse comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	U U			2		·
80	check this box and stop here ction C. Computation of Publi	o Support Do	roontogo				
	Public support percentage for 2019 (li			column (f))		15	%
15 16	Public support percentage from 2018					16	% %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2019. If the					· · · · ·	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	nd stop here. The	e organization quali	fies as a publicly s	supported organiza	tion	►
Ľ	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio			•		•	

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 MAKE-A-WISH FOUNDATION OF NORTH TEXAS Part IV Supporting Organizations (continued)

75-1889666 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst			
2	Activities Test. Answer (a) and (b) below.	uctions,	Yes	No
∠ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
U				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0h		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0 -		
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		2040

Schedule A (Form 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Se	ctions 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		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019 MAKE-A-WISH FOUNDATION OF NORTH TEXAS

75-1889666 Page 6

instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019	MAKE-A-WISH	FOUNDATION	OF	NORTH	TEXAS

	t V Type III Non-Functionally Integrated 509		nizations (continued)	75-1889888 Page /
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		Ourient real
2	Amounts paid to perform activity that directly furthers exemp			
~	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		5	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
Ŭ	(provide details in Part VI). See instructions.	le organization le responsive		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017 Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS FUNDRAISING REVENUE
2015 AMOUNT: \$ 682,823.
2016 AMOUNT: \$ 857,859.
2017 AMOUNT: \$ 769,674.
2018 AMOUNT: \$ 724,273.
2019 AMOUNT: \$ 225,515.
GROSS GAMING REVENUE
2015 AMOUNT: \$ 89,224.
2016 AMOUNT: \$ 20,675.
2017 AMOUNT: \$ 4,199.
2018 AMOUNT: \$ 12,400.
2019 AMOUNT: \$ 0.
GROSS INVENTORY SALE
2015 AMOUNT: \$ 0.
2016 AMOUNT: \$ 535.
2017 AMOUNT: \$ 465.
2018 AMOUNT: \$ 75.
2019 AMOUNT: \$ 2,007.
OTHER REVENUE
2015 AMOUNT: \$ 829.
2016 AMOUNT: \$ 609.
2017 AMOUNT: \$ 30.
2018 AMOUNT: \$ 1,164.
932028 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	۱C,
	(See instructions.)	onal mormation.	
2019 AMOU	TNTT. Č 69		
2019 AMOC	JNT: \$ 68.		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

0					
:	MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666			
Organization type (chec	sk one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization	on is covered by the General Rule or a Special Rule.				
Note: Only a section 50 ⁻	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

75-1889666

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,811,843.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$381,164.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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
		\$	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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

75-1889666

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TRAVEL, M&E, SUPPLIES		
		\$970.	08/31/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED SECURITIES		
		\$\$	10/15/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page **4**

Name of or	ganization		Employer identification number
MAKE-A-W	ISH FOUNDATION OF NORTH TEXAS		75-1889666
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	through (e) and the following line en naritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter 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 gif	[
-	Transferee's name, address, and		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	(e) Transfer Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift		(d) Description of how gift is held
Part I			
-	Transferee's name, address, and	(e) Transfer of gif d ZIP + 4	Relationship of transferor to transferee

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



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	MAKE-A-WISH FOUNDATION OF NORTH	TEXAS		75-1889666			
Par	t I Organizations Maintaining Donor Advised Fu	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.						
	-	(a) Donor advised funds	(b) Fur	nds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advise	d funds				
	are the organization's property, subject to the organization's exclusion			Yes No			
6	Did the organization inform all grantees, donors, and donor advisor						
	for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose co	onferring				
Par	t II Conservation Easements. Complete if the organiza	tion answered "Yes" on Form 990, P	art IV, line 7				
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).					
	Preservation of land for public use (for example, recreation o	r education) Preservation of a	a historically	important land area			
	Protection of natural habitat	Preservation of a	a certified hi	storic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form o	f a conserva	tion 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	Total acreage restricted by conservation easements		2b				
с	Number of conservation easements on a certified historic structure	included in (a)	2c				
d	Number of conservation easements included in (c) acquired after 7.	/25/06, and not on a historic structur	e				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released			during the tax			
	year						
4	Number of states where property subject to conservation easement	t is located 🕨					
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds	?		Yes 🗌 No			
6	Staff and volunteer hours devoted to monitoring, inspecting, handl	ing of violations, and enforcing conse	rvation ease	ements during the year			
	▶						
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and enforcing conservation	on easemen	ts during the year			
	►\$						
8	Does each conservation easement reported on line 2(d) above satis	sfy the requirements of section 170(h	(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation eas	•					
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statemer	nts that desc	cribes the			
De	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art,	Historical Tracquires or Oth	or Cimilo	- Acceto			
Par		-	er Simila	r Assels.			
	Complete if the organization answered "Yes" on Form 990,						
1a	If the organization elected, as permitted under FASB ASC 958, not	•					
	of art, historical treasures, or other similar assets held for public ex	, ,		public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition	vition, education, or research in furthe	rance of pu	blic service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
				·			
2	If the organization received or held works of art, historical treasures		gain, provide	9			
	the following amounts required to be reported under FASB ASC 95	-					
а	Revenue included on Form 990, Part VIII, line 1			\$			
	Assets included in Form 990, Part X		🕨	\$			
LHA	For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.		Schedule D (Form 990) 2019			

		FOUNDATION OF					75-188		Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	easures, or	Other S	Similar .	Assets	(continu	ued)	
3	Using the organization's acquisition, accessio	n, and other record	s, check any of the	following that	make sign	ificant us	e of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	I 🗌 Loan or exc	change progra	m					
b	Scholarly research	е		0.0						
с	Preservation for future generations									
4	Provide a description of the organization's col	llections and explair	how they further t	he organizatio	n's exemp	t purpose	in Part	XIII		
5	During the year, did the organization solicit or									
Ū	to be sold to raise funds rather than to be mai			-				Yes		No
Par	t IV Escrow and Custodial Arrang						Part IV I			
	reported an amount on Form 990, Part					, octo	r art iv, i	110 0, 01		
10	Is the organization an agent, trustee, custodia		iany for contribution	s or other ass	ets not inc	luded				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟	165		
D		ind complete the lo	iowing table.					Amount		
								Amount		
	Beginning balance									
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance					1f		7.		1
	Did the organization include an amount on Fo				•		∟	Yes] No
Par	If "Yes," explain the arrangement in Part XIII. (t V Endowment Funds. Complete if									<u> </u>
T ai								() -		
		(a) Current year	(b) Prior year	(c) Two years	s dack (d) Inree ye	ars dack	(e) Four (/ears i	раск
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	-									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%							
b	Permanent endowment	%								
с	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	nd administere	ed for the o	organizati	ion	_		
	by:							· `	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a. S	See Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr		t or other (other)		umulated	1	(d) Book	value	;
19	Land		,	2,206,016.				2 2	206,0	016.
	Buildings			,924,785.		392,1	23.		532,6	
	Leasehold improvements			, ,		,-			,	
				831,800.		467,4	01		364,3	399
	Equipment					107,1			,	
-	Other							10 1	L03,0	077
Iota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	<u>X. column (B). line 1</u>	UC.)				10,1	.05,0	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	MAKE-A-WISH	FOUNDATION	OF	NORTH	TEXAS	

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	j
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER CHAPTERS	1,131.
(3) CAPITAL LEASE OBLIGATIONS	47,321.
(4) DEFERRED RENT	5,087.
(5)	

	(9)
T	Total. (Column (b) must equal Form 990, Part Y, col. (B) line 25)

Total. (Column (b) must equal Form 990, Part X, col. (b) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

►

53,539.

(6) (7) (8)

	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,326,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-15,523.		
b	Donated services and use of facilities		278,105.		
с	Recoveries of prior year grants		· · · · ·		
d	Other (Describe in Part XIII.)		14,680.		
e	Add lines 2a through 2d		,	2e	277,262.
3	Subtract line 2e from line 1			3	7,049,528.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , .
-		4a	1,509.		
a L			-752,448.		
b	Other (Describe in Part XIII.)			10	-750,939.
- C	Add lines 4a and 4b			4c 5	6,298,589.
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	ments With F	xnenses ner F	-	0,250,505.
I UI	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			lotarii.	
1	Total expenses and losses per audited financial statements			1	8,581,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	, _,
		2a	466,141.		
a L	Donated services and use of facilities				
b	Prior year adjustments				
C	Other losses		752,448.		
d	Other (Describe in Part XIII.)		,	0.	1,218,589.
-	Add lines 2a through 2d			2e 3	7,362,594.
3	Subtract line 2e from line 1			3	7,302,394.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 500		
a	Investment expenses not included on Form 990, Part VIII, line 7b		1,509.	-	
b	Other (Describe in Part XIII.)				1 500
_	Add lines 4a and 4b			4c	1,509.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	7,364,103.
PART MANA	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a 2 X, LINE 2: AGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR T IDATION AT AUGUST 31, 2020 AND 2019.		tion.		
	T XI, LINE 2D - OTHER ADJUSTMENTS: NGE IN BENEFICIAL INTEREST	14,680.			
PART	Y XI, LINE 4B - OTHER ADJUSTMENTS:				
FUNE	DRAISING EVENT EXPENSES	-47,207.			
RENT	AL EXPENSES	-705,241.			
TOTA	AL TO SCHEDULE D, PART XI, LINE 4B	-752,448.			
932054	4 10-02-19			Schedul	e D (Form 990) 2019

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

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

75-1889666

Page 4

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 MAKE-A-WISH FOUNDATION Part XIII Supplemental Information (continued)	N OF NORTH TEXAS	75-1889666	Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EVENT EXPENSES	47,207.		
RENTAL EXPENSES	705,241.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D			

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	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.							2019	
Department of the Treasury		•	Attach to Form 990 or Form 990-EZ.						
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for inst	truction	s and	the latest information	on.	Employor id	Inspection dentification number	
MAKE-A-WISH FOUNDATION OF NORTH TEXAS 75-180									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
required to complete this part.									
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 									
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) purs	uant to	agreer	ments under which tr	ne fui	ndraiser is to	be	
(i) Name and address or entity (fund	s of individual	(ii) Activity	have or co	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (e	Amount paid or retained by fundraiser ted in col. (i)		
			Yes	No					
			_						
Total									
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from	registration	

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

Schedule G (Form 990 or 990-EZ) 2019

75-1889666 Page **2**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(add col. (a) through			
ø		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	500,053.	403,249.	828,173.	1,731,475
-	2 Less: Contributions	499,480.	339,231.	667,249.	1,505,960
	3 Gross income (line 1 minus line 2)	573.	64,018.	160,924.	225,515
	4 Cash prizes				
	5 Noncash prizes	461.	219.	4,965.	5,645
benses	6 Rent/facility costs	0.	0.	67,956.	67,956
Direct Expenses	7 Food and beverages	0.	0.	64,913.	64,913
	8 Entertainment	111.	0.	27,005.	27,116
	9 Other direct expenses	10,419.	69,011.	27,662.	107,092
1	10 Direct expense summary. Add lines 4 through 9 in column (d)				
1	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.

anne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9 Enter the state(s) in which the organization conducts gaming activities:								
a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:								
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:								

Sch	nedule G (Form 990 or 990-EZ) 2019 MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-18	89666	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	s 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		🗌 Ye	s 🗌 No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:			
		ĺ	13a	04
	a The organization's facility		13b	<u> %</u> %
	b An outside facility	L	130	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s 🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun of gaming revenue retained by the third party ▶ \$ to figure the second to the third party:	t		
	Name			
	Address			
16				
10				
	Name			
	Gaming manager compensation <a> 			
	Description of services provided			
	Director/officer Employee Independent contractor			
17				
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 		🗌 Ye	s 🗌 No
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ıd Part	III, lines	9, 9b, 10b,

	nued)		

SCHEDULE I (Form 990)		омв No. 1545-0047						
Department of the Treasu Internal Revenue Service		•	ete if the organization ► Go to www.ir	Attach to For s.gov/Form990 for	m 990.			Open to Public Inspection
Name of the organ	ization MAKE-A-WISH FO	OUNDATION OF N	IORTH TEXAS					Employer identification number 75-1889666
Part I Gener	al Information on Grants a	nd Assistance						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
	Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	l States.			
	s and Other Assistance to	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
recipie	ent that received more than S	\$5,000. Part II can		onal space is need	ed.	(f) Mathad of	Γ	
• •	d address of organization r 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
	umber of section 501(c)(3) a umber of other organization:		5	e line 1 table				<u>0.</u>
LHA For Paperv	vork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

MAKE-A-WISH FOUNDATION OF NORTH TEXAS Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
IISHES GRANTED	240	252,067.	1,706,843.	FMV	TRAVEL, M&E, SUPPLIES			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.								
ART I, LINE 2:								

MAKE-A-WISH FOUNDATION OF NORTH TEXAS DOES NOT PROVIDE CASH GRANTS TO

INDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET

THE SPECIFIC CRITERIA FOR THE WISH GRANTING PROGRAM. THE ORGANIZATION

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

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

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

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

EXPENDITURES ARE REVIEWED BY THE PROGRAM SERVICES COMMITTEE; WISHES WITH

Part III

Page 2

Part IV Supplemental Information

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

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

DIRECTORS. THE CHIEF PROGRAM/STRATEGY OFFICER REVIEWS WISH EXPENSES VS.

BUDGET FOR INDIVIDUAL WISHES REGULARLY; THE CHIEF PROGRAM/STRATEGY OFFICER,

CHIEF FINANCIAL OFFICER AND PRESIDENT/CEO REVIEW TOTAL WISH EXPENSES VS.

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

INVOICES AND STATEMENTS) IS RETAINED BY THE ORGANIZATION.

SC	HEDULE J	Compensa	tion Information		OMB No. 1	1545-004	47
	rm 990)	-	Trustees, Key Employees, and Highest		20	10	<u> </u>
	-		isated Employees		20	IJ)
Dopor	tment of the Treasury		wered "Yes" on Form 990, Part IV, line 23. h to Form 990.		Open to	Publ	ic
	al Revenue Service		or instructions and the latest information.		Inspe	ction	
Nam	e of the organization	l de la constante de		Employer ider	ntificatio	on nui	nber
		MAKE-A-WISH FOUNDATION OF NOP	RTH TEXAS	75-1889	9666		
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of t	the following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevan	nt information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
		ation and gross-up payments	Health or social club dues or initiation fees				
	Discretionary s	pending account	Personal services (such as maid, chauffeu	r, chef)			
-							
b	•	on line 1a are checked, did the organization foll					
-		rovision of all of the expenses described above			1b		
2	•	require substantiation prior to reimbursing or					
	trustees, and office	s, including the CEO/Executive Director, regard	ding the items checked on line 1a?		2		
•							
3		y, of the following the organization used to est					
		ctor. Check all that apply. Do not check any bo	, 0	on to			
establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee						
	X Independent compensation consultant X Compensation survey or study						
	X Form 990 of o	her organizations	\mathbf{X} Approval by the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section	on A line 1a with respect to the filing				
•	organization or a re	• •					
а	•				4a		x
b		eive payment from, a supplemental nonqualifie			4b		x
					4c		x
c Participate in, or receive payment from, an equity-based compensation arrangement?							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations n	nust complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		x
	Any related organiz				5b		X
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the	e organization pay or accrue any compensatio	n			
	contingent on the net earnings of:						
а	a The organization?				6a		x
	b Any related organization?						x
	If "Yes" on line 6a c	r 6b, describe in Part III.					
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III						
8							
	initial contract exce	otion described in Regulations section 53.4958	3-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable pr	resumption procedure described in				
	Regulations section	53.4958-6(c)?		<u></u>	9		
LHA		eduction Act Notice, see the Instructions for		Schedule	J (Forn	n 990)	2019

Schedule J (Form 990) 2019

75-1889666

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) SCOTTY LANDRY	(i)	253,184.	0.	0.	15,316.	6,126.	274,626.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LORI WAGGONER	(i)	166,445.	1,500.	0.	5,865.	875.	174,685.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 3

Part III Supplemental Information

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

PART I, LINE 7:

THE CHIEF FINANCIAL OFFICER, CHIEF DEVELOPMENT OFFICER, CHIEF MARKETING

OFFICER, CHIEF PROGRAM/STRATEGY OFFICER AND CHIEF OPERATING OFFICER

RECEIVED A BONUS OF \$1,500 IN 2019. THE BONUS WAS BASED ON CERTAIN

PERFORMANCE METRICS AND WAS APPROVED BY THE BOARD.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2019 Open to Public Inspection

Employer identification number 75-1889666

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

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

MAKE-A-WISH	FOUNDATION	OF	NORTH	TEXAS

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition an	nounts	3
1	Art - Works of art							
2	Art - Historical treasures					,		
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	77	1	251 010				
9	Securities - Publicly traded	Х	1	251,010.	COST/SELLING PRI	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		100	24.000		~=		
25	Other (SPECIAL EVENT)	X	106	,	COST/SELLING PRI			
26	Other (OTHER)	Х	6	18,137.	COST/SELLING PRI	CE		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29						0	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
	exempt purposes for the entire holding period?							х
b	b If "Yes," describe the arrangement in Part II.							
31							х	
	F Contraction of the second seco							
52 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							х
33	If the organization didn't report an amount in co	oiumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990).	Schedule N	1 (Form	n 990)	2019

Schedule M (Form 990) 2019 MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33,	and whether the organiz	ation
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb	pination of both. Also con	nplete
this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS		
RECEIVED.		

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.



Employer identification number 75-1889666

Internal Revenue Service Name of the organization

MAKE-A-WISH FOUNDATION OF NORTH TEXAS

FORM 990, PART I, LINE 1:

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

FOR CHILDREN WITH CRITICAL ILLNESSES.

FORM 990, PART III, LINE 4A:

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

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

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

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

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

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

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

GRANTED DURING THE FISCAL YEAR ENDING AUGUST 31, 2020 WAS \$2,379,022.

OF THIS AMOUNT, \$420,112 WAS CONTRIBUTED BY VARIOUS VENDORS WHO

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

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

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

AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSES.

FOR FORM 990, HOWEVER, THE IRS REQUIRES THE \$420,112 OF CONTRIBUTED

SERVICES AND USE OF FACILITIES BE EXCLUDED FROM BOTH REVENUE AND

EXPENSES.

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

THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
MAKE-A-WISH FOUNDATION OF NORTH TEXAS	75-1889666
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE	
ACCOUNTING FIRM WAS REVIEWED BY THE FOUNDATION'S PRESIDENT/CEO. THE RETURN	
WAS THEN PRESENTED TO THE FINANCE COMMITTEE FOR THEIR REVIEW. SUBSEQUENT TO	
THE COMMITTEE'S APPROVAL, A COPY OF THE FORM 990 WAS PROVIDED TO ALL VOTING	
MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER COORDINATOR. REVIEW OF THE STATEMENTS IS	
MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS	
OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDE, BUT ARE NOT	
LIMITED TO, THE FOLLOWING: (1) DETERMINING THE NATURE OF THE CONFLICT VIA	
VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON; (2) FULLY	
DISCLOSING CONFLICTING INTERESTS TO THE BOARD; (3) THE CONFLICTED PERSON	
RECUSES HIMSELF/HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE	
TRANSACTION; AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT	
AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
FOR 2019 COMPENSATION, THE PRESIDENT/CEO'S COMPENSATION WAS DETERMINED BY	

THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS AND WAS ALSO

BENCHMARKED BY A THIRD PARTY CONSULTANT. IT WAS REVIEWED AGAINST NATIONAL

BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS BY MAKE-A-WISH

FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED BY STATE

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF NORTH TEXAS	Employer identification number 75-1889666
ORGANIZATIONS AND NATIONAL BENCHMARKING ORGANIZATIONS. THE BOARD'S	
DISCUSSIONS WERE CONTEMPORANEOUSLY DOCUMENTED. DOCUMENTATION INCLUDED THE	

TERMS OF THE TRANSACTION AND DATE IT WAS APPROVED, THE MEMBERS PRESENT

DURING DELIBERATIONS AND THOSE WHO VOTED ON IT, AND THE COMPARABILITY DATA

RELIED UPON AND HOW IT WAS OBTAINED.

FORM 990, PART VI, SECTION B, LINE 15B:

THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER OFFICERS AND STAFF MEMBERS,

USING THE SAME INSTRUMENTS. SALARIES FOR STAFF OTHER THAN THE PRESIDENT/CEO

ARE DECIDED BY THE PRESIDENT/CEO IN CONSULTATION WITH THE APPROPRIATE

SENIOR LEADERSHIP TEAM MEMBER, WITHIN LIMITS SET BY THE BOARD-APPROVED

BUDGET. ALL SALARY INCREASES ARE BASED ON METRICS FROM PERFORMANCE REVIEWS

AND APPROVED SALARY RANGES FOR EACH POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE

AVAILABLE FOR PUBLIC INSPECTION, THE FINANCIAL STATEMENTS, FORM 990, AND

FORM 990-T ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 25 (A) & (B):

THE FUNCTIONAL EXPENSE ALLOCATION FOR PROGRAM SERVICE EXPENSES IS 58%

OF TOTAL EXPENSES. THIS ALLOCATION IS LOWER THAN PREVIOUS YEARS DUE TO

THE NATURE OF OUR MISSION. WE WERE UNABLE TO GRANT AS MANY WISHES IN

FY20 DUE TO THE TRAVEL RESTRICTIONS DURING COVID-19. IN PRIOR YEARS 75%

OF OUR WISHES INVOLVED TRAVEL. THE WISH EXPENSE MAKES UP MOST OF OUR

PROGRAM SERVICE EXPENSES. MAKE-A-WISH NORTH TEXAS WAS ABLE TO GRANT 240

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF NORTH TEXAS		Employer identification number 75-1889666
WISHES DURING FY20 AS COMPARED TO 600 IN FY19.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN VALUE OF BENEFICIAL INTEREST	14,680.	

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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.

Туре о	Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print	MAKE-A-WISH FOUNDATION OF NORTH TEXAS				75-1889666		
File by the due date filing your	he e for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. Se instruction							
Enter the Return Code for the return that this application is for (file a separate application for each return)						0 1	
Application		Return	Application		Return		
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			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	
BELINDA MARSHALL • The books are in the care of ▶ 16803 DALLAS PARKWAY, SUITE 100 - ADDISON, TX 75001 Telephone No. ▶ 214-496-9474 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until							
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			3a	\$	0.	
_					φ 	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			Зb	\$	0.	
-	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			30	Ф —	0.	
	sing EFTPS (Electronic Federal Tax Payment System). See		, , , ,	30	\$	0.	
	: If you are going to make an electronic funds withdrawal				Ŧ		

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

Form 8868 (Rev. 1-2020)