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- 1400in at

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

| A | For th | e 2008 calendar year, or tax year beginning September 1 , 2008, and endir | ng Augi | ust 31 | , 20 09 |
|-----------------------------|--------------|---|---------------------|-------------------------|---------------------------|
| В | Check if a | applicable Please C Name of organization Make A Wish Foundation of Puerto Rico, | , Inc. | D Emplo | yer identification number |
| $\overline{}$ | | change use IRS Doing Business As | | 66 | 0529880 |
| $\overline{}$ | Name c | print or Number and street (or P O box if mail is not delivered to street address) Room/si | urte | E Teleph | one number |
| | Initial re | 190. 400 Com Dulava Dana - Cuita 440 MCC 476 | | (787) | 281-9474 |
| $\overline{}$ | Termina | Specific City or town, state or country, and ZID + 4 | | | |
| | | tions. San Juan PR 00926-5955 | | G Gross re | eceipts \$ 1,154,197 |
| _ | | F Name and address of principal officer | H(a) is this | a amun retun | n for affiliates? Yes No |
| _ | фричис | Ivonne Bernard, "same as C above" | | | included? Yes No |
| 1 | Tax-ex | empt status: 501(c) (3) (insert no) | | | list (see instructions) |
| J | Websi | ite: ▶ www.makeawishpr.org | H(c) Group e | exemption nu | mber ► N/A |
| K | | organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of format | | | f legal domicile: PR |
| P | art I | Summary | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: The I | Foundation i | s organi | zed for the |
| | • | purposes of granting wishes to children with life-threatening medical cond | litions to en | rich the | human experience |
| ဦ | | with hope, strength and joy. | | | |
| Activities & Governance | - | | | | · |
| Ş | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more that | n 25% of its as | sets | |
| Ğ | | Number of voting members of the governing body (Part VI, line 1a). | | 3 | 15 |
| es e | | Number of independent voting members of the governing body (Part VI, line 1 | b) | 4 | 15 |
| Ę | 1 | Total number of employees (Part V, line 2a) | ~, | 5 | 4 |
| Ç | 6 | Total number of volunteers (estimate if necessary) | • • • | 6 | 167 |
| _ | 7a | Total gross unrelated business revenue from Ham Mine 18 Columbia SER | VICE | . 7a | 0 |
| | b | Net unrelated dusiness taxable income from Formvoyuii: fine は火 へくりじょべい | / ! | . 7b | 0 |
| | | GUAÝNABO, PR 0096 | O Prior Ye | ear | Current Year |
| _ | 8 | Contributions and grants (Part VIII, line 1h) | | 876,169 | 1,040,706 |
| JE 6 | | Program service revenue (Part VIII, line 2g) | | 0 | 0 |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 3,892 | 3,749 |
| ď | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 92 for an IVeED. | | 160,171 | 90,427 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, conjumnt An) line 12) | 1,0 | 040,232 | 1,134,882 |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 789,045 | 741,455 |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | 0 |
| Ses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 111,545 | 154,760 |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| Ä | | Total fundraising expenses (Part IX, column (D), line 25) ▶ | · | | |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 201,421 | 117,235 |
| | 1 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). | 1, | 102,011 | 1,013,450 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 61,779) | 121,432 |
| Net Assets or Fund Balances | | | Beginning of | of Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 729,881 | 639,738 |
| t As | 21 | Total liabilities (Part X, line 26) | | 322,038 | 287,544 |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 407,843 | 352,194 |
| Pa | art II | Signature Block | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedand belief, it is true correct, and complete Declaration of preparer (other than officer) is based or | | | |
| | | and belief, it is that contect, and complete become and of prepares (other than onless) is based or | 1 all III of Mation | · | |
| Siç | gn 💮 | M Marzel/ | | <u> </u> | <u> </u> |
| He | re | Signature of officer | Date | е | |
| | | Victor Barreras Treasurer | | | |
| | | Type or print name and title | | | |
| | | Preparer's Section 1997 | heck if | Preparer's (see instruc | identifying number |
| Paid | 1 | | mployed ▶ ∐ | (300 11011 00 | nions) |
| _ | - parer's | 100000 | | | |
| | Only | Firm's name (or yours if self-employed), Mildred Suazo & Company | EIN | ▶ 58 | |
| | | address, and ZIP + 4 P O Box 14155 San Juan PR 00916-4155 | Phone no | > <u>► (787</u> | |
| <u>Ma</u> | y the l | RS discuss this return with the preparer shown above? (see instructions) | · <u>· · · · </u> | <u> </u> | . Yes No |
| For | Privac | by Act and Paperwork Reduction Act Notice, see the separate instructions. | Cat No 11 | 282Y | Form 990 (2008) |

| Par | Statement of Program Service Accomplishments (see instructions) |
|---------------|--|
| 1 | Briefly describe the organization's mission. The Foundation grant the wishes of children with life-threatening medical conditions to enrich the human experience |
| | with hope, strength and joy. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | Describe these changes on schedule of Describe these changes on schedule of Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 892,498 including grants of \$ 741,455) (Revenue \$) |
| | During the tax year 2009, The Foundation granted a total of 112 wishes. Major wishes types consists in trips to Disney World, Computers, Electronics, Shopping Spree, Celebrity, Toys/Books, Room decoration, Others. |
| 4b | (Code:) (Expenses \$ |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► \$ 892,498 (Must equal Part IX, Line 25, column (B).) |

| Far | Checklist of Required Schedules | | | |
|-------------|--|----------|----------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | √ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | ✓ | |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | ✓ |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | _ |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 | - | ✓ |
| 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 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | ✓ |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | ✓ |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable | 11 | 1 | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | ✓ | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | √ |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 17 | | √ |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 18 | 1 | V |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 19 | • | 1 |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 20 | | 1 |
| 20 21 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 21 | | 1 |
| 21 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 1 | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete | | | |
| | Schedule J | 23 | | ✓ |
| 24 d | 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 questions 24b–24d and complete Schedule K. If "No," go to question 25. | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| - | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | | | _ |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _ ✓ |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | ✓_ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26_ | | ✓_ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | ✓_ |

| Pai | t IV Checklist of Required Schedules (continued) | | | | | |
|-----|---|-----|----------|----|--|--|
| | | | Yes | No | | |
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | | | | |
| | Part IV | 28a | | ✓ | | |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | ✓ | | |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | ✓ | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | ✓ | | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | ✓ | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓ | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | ✓ | | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | 1 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | 1 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | | | | | |

Form **990** (2008)

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|--|----------|-----|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable | | | |
| ь | U.S. Information Returns. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | | |
| 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 4 | | | |
| h | Statements, filed for the calendar year ending with or within the year covered by this return 4 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 1 | |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | | | |
| | instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | ١, |
| | account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country. ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a_ | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| C | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | | | |
| 6- | Regarding Prohibited Tax Shelter Transaction? | 5с 6а | | / |
| | Did the organization solicit any contributions that were not tax deductible? | - Oa | | <u> </u> |
| D | 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 provide goods or services in exchange for any quid pro quo contribution of more than | 7a | | |
| | \$75? | 7b | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | |
| | benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| _ | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7g | | - |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| | | | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8_ | | ✓ |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | ✓ |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | 1 |
| 10 | Section 501(c)(7) organizations. Enter: | | | 1 |
| a | Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts included on Form 990. Part VIII, line 12 for public use of club facilities. | | | 1 |
| b | areas recorpto, moraded on reminister, for public dee of class facilities | | | 1 |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | 1 |
| a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | ction A. Governing Body and Management | | | |
|------------|--|----------|------------------|--|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the | | | |
| | circumstances, processes, or changes in Schedule O. See instructions | | | |
| 1a | | | | 1 |
| b | Enter the number of voting members that are independent | | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | L | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| • | supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | 1 |
| 6 | Does the organization have members or stockholders? | 6 | | 1 |
| 7a | | | | |
| <i>,</i> a | | 7a | | 1 |
| h | of the governing body? | 7b | | 7 |
| _ | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| _ | the year by the following: | 8a | - - - | |
| | The governing body? | 8b | 1 | |
| b | | 9a | | 1 |
| 9a | Does the organization have local chapters, branches, or affiliates? | - 34 | | <u> </u> |
| D | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations | | | 1 |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | ✓ | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | ✓ |
| <u>Sec</u> | tion B. Policies | | | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ✓ | <u> </u> |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | i l | | ĺ |
| | rise to conflicts? | 12b | ✓ | <u> </u> |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | ✓ | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | √ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | l |
| а | The organization's CEO, Executive Director, or top management official? | 15a | ✓ | |
| | Other officers or key employees of the organization? | 15b | ✓ | |
| | Describe the process in Schedule O. (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | 1 |
| h | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | . [| İ |
| | the organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶Puerto Rico | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c | :)(3)s (| onlv) | |
| | available for public inspection. Indicate how you make these available. Check all that apply | ,,0,0 | | |
| | ☐ Own website ☐ Another's website ☑ Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of | of inte | erest | |
| | policy, and financial statements available to the public. | J. 1111C | 001 | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco | rde of | the | |
| _~ | organization: Nonne Remard: Urb Fl Vedado 416 Aqueyhana St. San. Juan PR 00917: Tel 787-281-947 | | 1116 | |

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if the organization did not co | (B) | <u> </u> | | | C) | , | | (D) | (E) | (F) |
|---|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|--|--|
| Name and Title | Average | Positi | ion (d | chec | k all | that ap | ply) | Reportable | Reportable | Estimated |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Mr. Julio F. Juliá President | 2 | | | , | | | | 0 | 0 | 0 |
| Mr. Miguel Nieves Mojica | | | | Y | | | | _ | _ | |
| Vice-President | 2 | | | 1 | | | | 0 | 0 | 0 |
| Mr. Germán Ojeda | 2 | | | | | | | 0 | o | 0 |
| Treasurer | | | | ✓ | _ | | ļ | | | |
| Ms. Carmen Padial | 2 | | | ١, | | | | o | o | 0 |
| Secretary Mr. Rafael E. Rivera | | - | | ✓ | ┝ | | | | | |
| Director | 1 | 1 | | | | | ļ | 0 | o | 0 |
| Mr. Abdón Ruíz | | - | | | | | | | | |
| Director | 1 | 1 | | | | | | 0 | 0 | 0 |
| Mr. Carlos M. García | 1 | | | | | | | 0 | 0 | 0 |
| Director | | ✓ | | | | ļ | | 0 | • | |
| Mr. Mario S. Belaval | 1 | / | | | | | | 0 | o | 0 |
| Director Mrs. Valentina Pirazzi | | | | - | Ͱ | | | | | |
| Director | 1 | 1 | | | | | | 0 | 0 | 0 |
| Mr. Paul Shames | 1 | | | | | | | 0 | 0 | 0 |
| Director | • | 1 | | | <u> </u> | | | U | | |
| Mr. José R. Torres Mas | 1 | | | | ĺ | | | o | اه | 0 |
| Director | | ✓_ | ļ | | | - | <u> </u> | | | - |
| Mr. Pedro J. Rosaly Director | 1 | , | | : | | | | O | 0 | 0 |
| M. T. Mishaul M. Danield | | - | | - | _ | | | | | |
| Mr. I. Michael McDonald Director | 1 | 1 | | | | | | 0 | 0 | 0 |
| Mr. Andrés E. Piccinoni | 4 | | | | | | | | | |
| Director | 1 | 1 | _ | | | | | 0 | 0 | 0 |
| Mr. Alberto Cabrer | 1 | | | | | | | o | o | 0 |
| Director | • | ✓ | lacksquare | | <u> </u> | ļ | <u> </u> | | _ | |
| Mrs. Ivonne Bernard | 40 | | | | | | | 53,000 | o | 6,729 |
| Executive Director | | | | ✓_ | - | <u> </u> | \vdash | | | |
| | | | | | | | | | | |

| Pa | Section A. Officers, Directors, 110 | istees, key | Enip | поу | 662 | an | u nig | nes | Compensate | i Employees (co | T | <i></i> |
|-----------|---|------------------------------|--------------------|----------------------|---------|--------------|------------------------------|----------|---|--|-------------------|---|
| | (A) | (B) | | | | C) | | | (D) | (E) | <u> </u> | (F) |
| | Name and title | Average hours per week | Individual trustee | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | comp froorgand | stimated nount of other pensation om the anization d related anizations |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | _ | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <u>1b</u> | _Total <u></u> | | | | | | | ▶ . | 53,000 | 0 | <u> </u> | 6,729 |
| 2 | Total number of individuals (including thos | e in 1a) wh | o rec | eive | ed r | nore | e thar | า \$1 | 00,000 in repo | rtable compens | sation f | rom the |
| | organization ► 0 | | | | | | | | | | | |
| | | | | | | | | | | | \rightarrow | Yes No |
| 3 | Did the organization list any former office employee on line 1a? <i>If</i> "Yes," complete S | | | | | | | oye | e, or highest o | ompensated | 3 | - |
| 4 | For any individual listed on line 1a, is the sthe organization and related organizations | | | | | | | | | | | |
| 5 | Individual | or accrue | com | pen: | satio | on 1 | rom | any | - | | 4 | |
| | services rendered to the organization? If " | res, comp | olete . | Scn | eau | ie J | tor s | ucn | person | · · · · · · · | 5 | |
| | Complete the table for your five behave | | لمحد لم | | | | | | | ul | 00.000 | |
| 1 | Complete this table for your five highest compensation from the organization. | ompensate ———— | a ina | ере — | nae | ent c | contra | CTO | | u more than \$1 | | |
| | Name and business add | iress | _ | | | | | _ | (B) Description of s | ervices | (C) Comper | |
| No | ne | | | | | | | ├- | | | | _ |
| | | - | | | | | | \vdash | | | | |
| | | | | | | | | 1 | | | | |
| | | | | | | | | \vdash | | | | |
| 2 | Total number of independent contractors compensation from the organization ▶ 0 | | those | ın | 1) w | /ho | recen | ved | more than \$10 | 00,000 in | | |

| orm 99 | | | | | | | | Page S |
|--|------|---|-----------------------|--|----------------------|--|---|---|
| Part | VIII | Statement of Re | evenue | | | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | 90,142 | | | | |
| <u> </u> | b | Membership dues | | <u>0</u> | | | | |
| ₹. E | C | Fundraising events . | | 0 | | | | |
| p'i | | Related organizations | 1d | 0 | | | | |
| Si is | | Government grants (contr | , i i | 55,000 | | | | |
| 풀힐 | f | All other contributions, gifts, | grants, | 905 504 | | | | |
| | _ | and similar amounts not inclu | | 895,564 593,457 | | | | |
| g S | | Noncash contributions include Total. Add lines 1a–1f | ed in lines ra-ii. \$ | ******* | 1,040,706 | | | |
| | | Total / Ida III Co Ta Ti | · · · · · | Business Code | 1,040,100 | | | |
| Program Service Revenue | 2a | None | | | 0 | 0 | 0 | C |
| Pe | b | | | | 0 | 0 | 0 | |
| <u>8</u> | C | | | | 0 | 0 | 0 | - 0 |
| <u>\$</u> | d | | | | 0 | 0 | 0 | C |
| Ĕ | e | | | | 0 | 0 | 0 | 0 |
| og I | f | All other program servi | ce revenue . | | 0 | 0 | 0 | C |
| <u>.</u> | g | Total. Add lines 2a-2f | | > | 0 | | | |
| | 3 | Investment income (income other similar amounts) | | | 3,749 | 3,749 | 0 | 0 |
| | 4 | Income from investment of | | | 0 | 0 | 0 | 0 |
| | 5 | Royalties | | • | 0 | 0 | 0 | C |
| | | | (i) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | 0 | | | | |
| | b | Less: rental expenses | | |] | | | |
| | | Rental income or (loss) | [<u>c</u> | <u> </u> | | | | |
| | d | Net rental income or (lo | | 1 | 0 | 0 | 0 | 0 |
| | 7a | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | b | assets other than inventory Less: cost or other basis | | | | | | |
| | | and sales expenses . | <u> </u> | | | | | |
| | | Gain or (loss) Net gain or (loss) . | | 0 | 0 | 0 | 0 | |
| enne | 8a | Gross income from events (not including \$ | fundraising 0 | | | | | |
| Other Rever | | of contributions reported | d on line 1c). | | | | | |
| <u> </u> | | See Part IV, line 18 | | | 1 | | | |
| € | | Less: direct expenses | | | | | | |
| ~ | | Net income or (loss) from | _ | events , . > | 90,427 | 90,427 | 0 | 0 |
| | 9a | Gross income from gam | | 0 | į | | | |
| | L | See Part IV, line 19 | | | | | | |
| | | Less: direct expenses, Net income or (loss) fro | | | 0 | 0 | 0 | |
| | | | | | | J | | |
| | . Ja | Gross sales of inverteurns and allowances | | o | | | | |
| | b | Less: cost of goods so | | 1 | | | | |
| L | | Net income or (loss) from | | | 0 | 0 | 0 | 0 |
| | | Miscellaneous Rev | | Business Code | | | | |
| 1 | l1a | None | | | 0 | _ 0 | 0 | 0 |
| | b | | | | 0 | 0 | 0 | 0 |
| | С | | | | 0 | 0 | 0 | 0 |
| | d | All other revenue | | | 0 | 0 | 0 | 0 |
| | | Total. Add lines 11a-1 | | | 0 | | | |
| 1 | 12 | Total Revenue. Add III | nes 1h, 2g, 3, 4 | , 5, 6d, 7d, 8c, | | | | |
| | | 9c, 10c, and 11e | <u></u> | <u> ▶ </u> | 1,134,882 | 94,176 | 0 | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete colu | | | olete columns (B), (C | |
|----------|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 741,455 | 741,455 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 5 | Benefits paid to or for members | 62,337 | 24,935 | 12,467 | 24,935 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 70,112 | 66,855 | 1,086 | 2,171 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | 0 | 0 | 0 |
| 9 | Other employee benefits | 12,868 | 11,002 | 622 | 1,244 |
| 10 | Payroll taxes | 9,444 | 6,356 | 1,029 | 2,059 |
| 11 | Fees for services (non-employees): | o | o | o | 0 |
| | Management | 0 | - 0 | 0 | 0 |
| b | Legal | 8,100 | 2,177 | 2,961 | 2,962 |
| | Accounting Lobbying | 0,100 | 0 | 0 | 0 |
| ď | Lobbying | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| - | Other | 3,848 | 1,035 | 1,407 | 1,406 |
| 12 | Advertising and promotion | 10,189 | 0 | 0 | 10,189 |
| 13 | Office expenses | 3,940 | 1,058 | 1,441 | 1,441 |
| 14 | Information technology | 0 | 0 | 0 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 36,101 | 9,705 | 13,198 | 13,198 |
| 17 | Travel | 0 | 0 | 0 | 0 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings . | 3,046 | 1,523 | 1,523 | 0 |
| 20 | Interest | 1,275 | 377 | 486 | 412 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization. | 5,041 | 1,355 | 1,843 | 1,843 |
| 23 | Insurance | 219 | 59 | 80 | 80 |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| а | Telephone | 7,693 | 2,067 | 2,813 | 2,813 |
| b | Membership Fees | 21,285 | 15,964 | 1,490 | 3,831 |
| С | Repairs and Maintenance | 5,285 | 1,421 | 1,932 | 1,932 |
| d | Printing and Publications | 3,373 | 907 | 1,233 | 1,233 |
| е | Volunteer Training | 2,777 | 2,777 | 0 | 0 |
| | All other expenses | 5,062 | 1,470 | 1,913 | 1,679 |
| 25 26 | Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 1,013,450 | 892,498 | 47,524 | 73,428 |

| Pa | rt X | Balance Sheet | | | | | |
|------------------|----------|--|--------------------------|-------------|----------|---------------|---------------|
| | | | (A) Beginning of year | | End (| B) of year | |
| | 1 | Cash—non-interest-bearing | 334,805 | 1 | | 376 | 6,694 |
| | 2 | Savings and temporary cash investments | 76,812 | 2 | | 78 | 3,370 |
| | 3 | Pledges and grants receivable, net | 248,083 | 3 | | 113 | 3,752 |
| | 4 | Accounts receivable, net | 0 | 4 | | | 0 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L. | 0 | 5 | | | 0 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | 0 | 6 | | | 0 |
| S. | 7 | Notes and loans receivable, net | 0 | 7 | | | 0 |
| Assets | 8 | Inventories for sale or use | 60,402 | 8 | | 54 | 1,259 |
| Ä | 9 | Prepaid expenses and deferred charges | 2,500 | 9 | | 2 | 2,500 |
| | 10a | Land, buildings, and equipment: cost basis 10a 19,242 | | | | | |
| | ь | Less: accumulated depreciation. Complete | | | | | |
| | | Part VI of Schedule D | 4,779 | 10c | | 10 |),98 <u>6</u> |
| | 11 | Investments—publicly traded securities | 0_ | 11 | | | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | | | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | | | 0 |
| | 14 | Intangible assets | | 14 | | | 0 |
| | 15 | Other assets. See Part IV, line 11 | 2,500 | | | | 3,177 |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 729,881 | | | | 9,738 |
| | 17 | Accounts payable and accrued expenses | 322,038 | | <u> </u> | 282 | 2,728 |
| | 18 | Grants payable | | 18 | | | 0 |
| Liabilities | 19 | Deferred revenue | 0 | | <u> </u> | | <u>0</u> |
| | 20 | Tax-exempt bond liabilities | 0 | | | | 0 |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | U | 21 | | | |
| | 22 | Payables to current and former officers, directors, trustees, key | | | | | |
| Ë | | employees, highest compensated employees, and disqualified | | 22 | | | 0 |
| | | persons. Complete Part II of Schedule L | | 23 | | | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 24 | | | 0 |
| | 24 | Unsecured notes and loans payable | 0 | 25 | | | 1,816 |
| | 25 26 | Total liabilities. Add lines 17 through 25 | 322,038 | | | | 7,544 |
| -ses | | Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. | | | | | , |
| au . | 27 | Unrestricted net assets | 407,843 | 27 | | 340 | 0.639 |
| 32 | 28 | Temporarily restricted net assets | 0 | 28 | | | ,555 |
| פַ | 29 | Permanently restricted net assets | 0 | 29 | | | 0 |
| or Fund Balances | | Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. | | | | | |
| ş | 30 | Capital stock or trust principal, or current funds | 0 | 30 | | | 0 |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | | | 0 |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | 0 | 32 | | | 0 |
| let | 33 | Total net assets or fund balances | 407,843 | 33 | | 352 | 2,194 |
| _ | 34 | Total liabilities and net assets/fund balances | 729,881 | 34 | | 639 | 9,738 |
| Pa | rt XI | Financial Statements and Reporting | | | | | |
| | | | | | | Yes | No |
| 1 2a | | ounting method used to prepare the Form 990: Cash Accrual e the organization's financial statements compiled or reviewed by an indi- | | 2 | | | |
| b | | e the organization's financial statements complied of reviewed by an independent according to the organization of the statements and the organization of the organizat | | • • | 2b | ✓ | |
| | | es" to lines 2a or 2b, does the organization have a committee that assumes | | siaht (| | | |
| U | | audit, review, or compilation of its financial statements and selection of an inc | | - | " 2c_ | ✓ | |
| 3а | | result of a federal award, was the organization required to undergo an a | | | | | |
| | | | | | | | ✓_ |
| b | If "Y | es," did the organization undergo the required audit or audits? | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public

Inspection

Internal Revenue Service

Employer identification number

0529880 Make A Wish Foundation of Puerto Rico, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other e 🛮 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your organization the organization in organization in col support above or IRC section col (i) of your governing document? (i) organized in the (see instructions)) US? support? Yes No Yes No Yes None

Total

| | Support Schedule for Org (Complete only if you check | | | | | and 170(b)(1 |)(A)(vi) | |
|------------------|---|------------------------------------|--------------------------------------|------------------|---|--|--------------------|--|
| | tion A. Public Support | | | | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 734,523 | 911,635 | 1,177,596 | 876,169 | 1,040,706 | 4,740,629 | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4 | Total. Add lines 1-3 | 734,523 | 911,635 | 1,177,596 | 876,169 | 1,040,706 | 4,740,629 | |
| 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) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4,740,629 | |
| | tion B. Total Support | | | | | , ———————————————————————————————————— | | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total | |
| 7 | Amounts from line 4 | 734,523 | 911,635 | 1,177,596 | 876,169 | 1,040,706 | 4,740,629 | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 541 | 1,046 | 1,470 | 3,892 | 3,749 | 10,698 | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 55,634 | 106,550 | 149,900 | 160,171 | 90,427 | 562,682 | |
| 11 | Total support. Add lines 7 through 10 . | | | | | | 5,314,009 | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | 5,314,009 | |
| 13 Sec | First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su | re | <u> </u> | d, third, fourth | | | n 501(c)(3) ► □ | |
| <u>000</u> 14 | Public support percentage for 2008 (line to | | | L column (f) | | 14 | 89 % | |
| 15 | Public support percentage for 2006 (iiile to 2007 Sch | | - | | | 15 | 91 % | |
| | 33% % support test—2008. If the organization qualifies | zation did not c | heck the box o | on line 13, and | | | | |
| b | 33% % support test – 2007. If the organization qua | | | | | | check this | |
| 17a | 10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums | acts-and-circum | nstances" test, | check this box | and stop here. | Explain in Part | IV how the | |
| b 18 | 10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did | acts-and-circum nces" test. The | stances" test, c organization qua | heck this box a | and stop here . By supported or | Explain in Part ganization | IV how the | |

| Sched | dule A (Form 990 or 990-EZ) 2008 | | | | | | Page 3 |
|----------|--|-----------------------|---------------------------------|--------------------------|-------------------|-----------------|----------------|
| | Support Schedule for Orga (Complete only if you checked) | nizations De | escribed in S n line 9 of Pa | Section 509(a art I.) | ı)(2) | | |
| Sec | tion A. Public Support | | | | | | |
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 2 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| | furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1-5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | · | | | | |
| С | Add lines 7a and 7b | | | | | <u> </u> | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | 1 0 | 1 () | 4 0 0007 | () 2222 | (0 T-1-1 |
| Ca | alendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | <u> </u> | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | - | | - | | | 1 |
| 14 | and 12.) | the organization | on's first, seco | nd, third, fourt | h, or fifth tax y | year as a secti | on 501(c)(3) |
| Sec | tion C. Computation of Public Su | pport Perce | entage | <u> </u> | · · · · <u>-</u> | · · · · | |
| 15 | Public support percentage for 2008 (Iir | | | ne 13. column | <u>(ft)</u> | 15 | % |
| 16 | Public support percentage for 2007 setion D. Computation of Investment | Schedule A, P | art IV-A, line 2 | | | 16 | % |
| | Investment income percentage for 200 | | | d by line 12 | oluma (fi) | 17 | |
| 17 18 | Investment income percentage from 20 | 007 Schedule | A, Part IV-A, II | ne 27h | | 18 | % |
| 19a | 17 is not more than 331/3 %, check this b | ox and stop h | ere. The organ | zation qualifies | s as a publicly | supported org | anization 🕨 📙 |
| b | 331/3 % support tests - 2007. If the organ line 18 is not more than 331/3 %, check this | s box and stop | here. The orga | ınızatıon qualifie | es as a publicly | supported org | anization 🕨 📙 |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19b | o, check this b | ox and see ins | structions 🕨 🔲 |

| Page | 4 |
|------|---|
| | |

| Part IV | Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) |
|---------|--|
| Amounts | included on Part II, line 10 was Fund Raising Activities and Special Events Income. |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

| Nam | of the organization | - | | Employer i | dentification number |
|--------|---|--|---------------------|--------------------|---|
| _Mai | e A Wish Foundation of Puerto Rico, Inc. | | | 66 | 0529880 |
| Pa | Organizations Maintaining Dono the organization answered "Yes" | or Advised Funds or Other Similar to Form 990, Part IV, line 6. | Func | ls or Ac | counts. Complete if |
| | | (a) Donor advised funds | | (b) Funds | and other accounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | | |
| 4 | Aggregate value at end of year L | | | | |
| 5 | Did the organization inform all donors and defunds are the organization's property, subject | | | | |
| 6 | Did the organization inform all grantees, don used only for charitable purposes and not for | ors, and donor advisors in writing that or the benefit of the donor or donor adv | grant f | iunds may other | |
| | impermissible private benefit? | | <u> </u> | <u> </u> | Yes No |
| Pa | t II Conservation Easements. Comple | ete if the organization answered "Yes | " to Fo | orm 990, | Part IV, line 7. |
| 2 | Purpose(s) of conservation easements held to Preservation of land for public use (e.g., Protection of natural habitat Preservation of open space Complete lines 2a–2d if the organization held a | recreation or pleasure) | ion of a tion of | certified I | ally important land area nistoric structure ervation easement |
| | on the last day of the tax year. | | | Cate 3.1 | Held at the End of the Year |
| | | | | C Salarida | neid at the End of the Year |
| а | Total number of conservation easements . | | | . 2a | |
| b | Total acreage restricted by conservation eas | | | | |
| C | Number of conservation easements on a cer | • • | | . 2c | |
| d | Number of conservation easements included | | | . 2d | |
| 3 | Number of conservation easements modified the taxable year ▶ | - | | | the organization during |
| 4 | Number of states where property subject to | | | | |
| 5 | Does the organization have a written policy renforcement of the conservation easements | ıt holds? | | | Yes No |
| 6 | Staff or volunteer hours devoted to monitoring | | | | |
| 7 | Amount of expenses incurred in monitoring, | inspecting, and enforcing easements d | uring t | he year▶ | \$ |
| 8 | Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | on line 2(d) above satisfy the requireme | | section | Yes No |
| 9 | In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the the organization's accounting for conservation | text of the footnote to the organization | | | |
| Pa | t III Organizations Maintaining Collec Complete if the organization answe | tions of Art, Historical Treasures, or red "Yes" to Form 990, Part IV, line 8 | or Oth 3. | er Simila | r Assets. |
| 1a | If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote | s held for public exhibition, education, or | resear | rch in furth | |
| b | If the organization elected, as permitted undi- historical treasures, or other similar assets he provide the following amounts relating to the | eld for public exhibition, education, or rese items: | researc | h in furth | erance of public service, |
| | (i) Revenues included in Form 990, Part VIII(ii) Assets included in Form 990, Part X . | | | • | \$ \$ |
| 2 | If the organization received or held works o following amounts required to be reported un | nder SFAS 116 relating to these items. | | | <u>-</u> |
| a b | Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X | | | | |

| Par | t III Organizations Maintaini | ng Collections | of Art, H | istorica | l Treasures, | or Other Similar | Assets (c | ontini | ued) | |
|---------|--|---------------------|-------------|-------------------|-------------------|---------------------|---------------|----------|---------------|--|
| 3 | Using the organization's accession items (check all that apply). | and other records | s, check a | any of th | ne following that | at are a significar | nt use of its | colle | ction | |
| а | Public exhibition | | d | L L | oan or exchan | ge programs | | | | |
| b | Scholarly research | | е | | ther | · | | | | |
| C | Preservation for future generat | | | | | | | | | |
| 4 | Provide a description of the organiz Part XIV. | ation's collections | and exp | laın how | they further tl | he organization's | exempt pu | rpose | in | |
| 5 | During the year, did the organization sassets to be sold to raise funds rather | r than to be mainta | ained as p | art of the | e organization's | collection? | | es 🗌 | No_ | |
| Par | Trust, Escrow and Custo Part IV, line 9, or reported | | | | | answered "Yes" | to Form 9 | 90, | | |
| | Is the organization an agent, trusted included on Form 990, Part X? | | | | | | | es 🗆 |] No | |
| b | If "Yes," explain the arrangement in | Part XIV and cor | nplete the | e followir | ng table: | | Amount | | | |
| | | | | | | 1c | Anount | Juni | | |
| C | | | | | | 1d | | | | |
| d | Additions during the year | | | | | 1e | | | | |
| e | Distributions during the year | | | | | 1f | | | | |
| f | Ending balance | | | | | | | es | No | |
| 2a b | If "Yes," explain the arrangement in | Part XIV. | , rait A, | 11116 211 | | | | C3 | , 110 | |
| | rt V Endowment Funds. Co | | zation ar | nswered | "Yes" to Fo | rm 990, Part IV, | line 10. | | | |
| | | (a) Current year | (b) Pro | | (c) Two years ba | | | ır years | back | |
| 1a | Beginning of year balance | | - | | | | | | | |
| b | Contributions | | | | | | | | | |
| C | Investment earnings or losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities | | - | | | | | | | |
| _ | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| 9 | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of | f the year end ba | lance hel | d as [.] | | | | | | |
| а | Board designated or quasi-endowm | ent ▶ | % | | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | |
| C | Term endowment ▶% | , | | | | | | | | |
| 3a | Are there endowment funds not in the | e possession of the | ne organiz | ation tha | at are held and | administered for t | the | V | _ | |
| | organization by: | | | | | | 3a(i) | Yes | No | |
| | (i) unrelated organizations | | | | | | | | | |
| | (ii) related organizations | | | | | | . 3a(ii) | - | \vdash | |
| 4 | If "Yes" to 3a(ii), are the related org. Describe in Part XIV the intended us | | | | | | . <u>3b</u> | <u> </u> | <u> </u> | |
| | rt VI Investments – Land, Bu | | | | | t X line 10 | | | | |
| u cau | | (a) Cost or ot | | | st or other | | (d) Po | ok value | | |
| | Description of investment | (a) Cost or of | | | s (other) | (c) Depreciation | (a) Box | JK Value | , | |
| 1a | Land | 0 | | | 0 | | | 0 | | |
| b | Buildings | | | | 0 | 0 | | 0 | | |
| С | Leasehold improvements | 0 | | | 0 | 0 | | 0 | | |
| d | Equipment | 0 | | 19 |),242 | 8,256 | + | 986_ | | |
| е | Other | 0 | | | 0 | 0 | <u> </u> | 0 | | |
| Tota | il. Add lines 1a-1e. (Column (d) should e | equal Form 990, Pa | rt X, colur | nn (B), lin | ne 10(c)) | <u> ▶</u> | 1 | 10 | ,986 | |

| Schedule D (Form 990) 2006 | | | rage U |
|--|-----------------------|--|----------------------|
| Part VII Investments - Other Securities | See Form 990, Part X, | line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year ma | ation irket value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12) | | | |
| Part VIII Investments—Program Relate | d Soo Form 000 Port V | lino 12 | |
| | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Pa | art X line 15 | | |
| | (a) Description | | (b) Book value |
| DEPOSITS | (4) 2000. (2000) | | 3,177 |
| DEFOSITS | | ***** | 3,177 |
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| Total. (Column (b) should equal Form 990, Part X, co | | <u> </u> | 3,177 |
| Part X Other Liabilities. See Form 990, | 1 | | |
| (a) Description of liability | (b) Amount | | |
| Federal income taxes | 0 | | |
| LEASE PAYABLE | 4,816 | | |
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| | | 1 | |
| Tetal (Column (h) should asset Form 000 Part V and (D) II-a CE L | - | ┪ | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶ | 4,816 | <u> </u> | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| Page | 4 |
|------|---|
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|-----|---|--|------------------|---------------|
| Pai | TEXI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | ts | <u>,</u> | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | <u> </u> | 1,134,882 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | <u> </u> | 1,013,450 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | _ | 121,432 |
| 4 | Net unrealized gains (losses) on investments | 4 | | 0 |
| 5 | Donated services and use of facilities | _5 | | 0 |
| 6 | Investment expenses | 6 | | 0 |
| 7 | Prior period adjustments | 7 | | 0 |
| 8 | Other (Describe in Part XIV) | 8 | ļ | 0 |
| 9 | Total adjustments (net). Add lines 4–8 | 9 | ļ <u></u> | 0 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | | 121,432 |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statements With Revenu | 1 | | - |
| 1 | Total revenue, gains, and other support per audited financial statements | L | 1 | 1,330,579 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains on investments | <u>0</u> | | |
| þ | Donated services and use of facilities | 7 | | |
| С | riced veries of prior year grants | 0 | | |
| d | Other (Describe in Part XIV) | 0 | | |
| е | Add lines 2a through 2d | _ | e e | 195,697 |
| 3 | Subtract line 2e from line 1 | <u> </u> | 3 | 1,134,882 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | investment expenses not included on Form 550, Fait Vin, line 75 | <u>0</u> | | |
| b | Other (Describe in Fait XIV) | 0 | | |
| C | Add lines 4a and 4b | _ | ŀc | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | | 5 | 1,134,882 |
| Pa | T XIII Reconciliation of Expenses per Audited Financial Statements With Expen | $\neg \neg$ | | |
| 1 | Total expenses and losses per audited financial statements | <u> </u> | 1 | 1,209,147 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donated services and use of facilities | | | |
| b | Ther year adjustments | 0 | | |
| С | 200000 10ported off 1 off 1 000, 1 art 12, into 20 | 0 | | |
| d | Other (Describe in Part XIV) | 0 | | |
| е | Add lines 2a through 2d | \vdash | 2e | 195,697 |
| 3 | Subtract line 2e from line 1 | <u> </u> | 3 | 1,013,450 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | investment expenses not included on Form 930, Fart VIII, line Fb | <u>0</u> | | |
| b | Other (Describe in Part XIV) | 0 | | _ |
| | Add lines 4a and 4b | 4 | kc | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | ; | 5 | 1,013,450 |
| Pai | t XIV Supplemental Information | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. | nd 4 | ., Part IV, line | es 1b |
| No | ne | | | |
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| Schedule D (For | n 990) 2008 | Page 5 |
|-----------------|--|--------|
| Part XIV | Supplemental Information (continued) | |
| None | | |
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Supplemental Information Regarding Fundraising or Gaming Activities**

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ. line 6a.

OMB No 1545-0047

Open To Public

Name of the organization **Employer identification number** 0529880 Make A Wish Foundation of Puerto Rico, Inc. 66 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Email solicitations f Solicitation of government grants С Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (IV) Gross receipts (i) Name of individual (ii) Activity (iii) Did fundraiser have (v) Amount paid to (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in col (i) custody or control of or entity (fundraiser) from activity organization Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. Puerto Rico

| | _ | G (Form 990 or 990-EZ) 2008 | | tion analysis of "Vas" t | a Farm 000 Dort IV II | Page 2 |
|-----------------|------|---|--|---|---|--|
| Pa | rt I | Fundraising Events. Commore than \$15,000 on F | omplete if the organiza Form 990-EZ, line 6a. L | tion answered "Yes" ti ist events with gross r | o Form 990, Part IV, III eceipts greater than \$ | ne 18, or reported 5,000. |
| | | | (a) Event #1 Bodies Exhib. (event type) | (b) Event #2 Rock A Wish (event type) | (c) Other Events (total number) | (d) Total Events (Add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 7,165 | 5,222 | | 12,387 |
| Re | 2 | Less: Charitable contributions | 0 | 0 | | 0 |
| | 3 | Gross revenue (line 1 minus line 2) | 7,165 | 5,222 | | 12,387 |
| | 4 | Cash prizes | 0 | . 0 | | 0 |
| enses | 5 | Non-cash prizes | 0 | 0 | | 0 |
| Direct Expenses | 6 | Rent/facility costs | 0 | 0 | | 0 |
| Dire | 7 | Other direct expenses | 2,364 | O Olymp (d) | | (2,364) |
| | 8 | Direct expense summary. Ad Net income summary. Comb | oine lines 3 and 8 in colu | ımn (d) | | 10,023 |
| Pa | rt I | | the organization ansv | vered "Yes" to Form | 990, Part IV, line 19 | , or reported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
| - Rev | 1 | Gross revenue | | | | |
| nses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Non-cash prizes | | | | |
| Direc | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | ☐ Yes % | □ V oo % | ☐ Yes % | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | |
| | 7 | Direct expense summary. Ac | _ | | | () |
| | 8 | Net gaming income summar | y. Combine lines 1 and | 7 in column (d) | | |
| 9 | | nter the state(s) in which the c | | = | | Yes No |
| a b | | the organization licensed to c "No," Explain: | | | | |
| | | /ere any of the organization's ("Yes," Explain. | - | · | - | ar? 10a |
| 11 | D: | oes the organization operate of | gaming activities with n | onmembers? | | 11 |
| 12 | ls | the organization a grantor, be | eneficiary or trustee of | | | entity |

| Sche | dule G (Form 990 or 990-EZ) 2008 | | Р | age 3 |
|--------------------|--|-----|-----|-------|
| | | | Yes | No |
| 13 a b 14 | Indicate the percentage of gaming activity operated in: The organization's facility | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | |
| b | A 1.11 | | | |
| С | If "Yes," enter name and address: | | | |
| | Name ▶ | | | |
| | Address > | | | |
| 16 | Gaming manager information: | | | |
| | Name ▶ | | | |

Description of services provided ▶

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

Enter the amount of distributions required under state law distributed to other exempt organizations or spent

☐ Independent contractor

Gaming manager compensation ▶ \$

☐ Employee

in the organization's own exempt activities during the tax year ▶ \$

☐ Director/officer

17

Mandatory distributions:

retain the state gaming license?

17a

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I General Information on Grants and Assistance

Make A Wish Foundation of Puerto Rico, Inc.

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990.

1 3

| OMB No. 1545-0047 | 2008 | Open to Public | Inspection | mployer identification number | 0529880 | |
|-------------------|------|----------------|------------|-------------------------------|---------|--|
| | | | | mployer ident | 99 | |

| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | records to subst | tantiate the amou | nt of the grants or as | sistance, the grantees | s' eligibility for the gra | nts or assistance, an | : |
|---|--|--------------------------------------|---|-----------------------------------|---|--|------------------------------------|
| Describe in Part IV the organization's procedures for monitoring | ward the grants o ation's procedure | r assistance? s for monitoring th | e? coring the use of grant funds in the United States. | in the United States. | | | K Yes □ No |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Deat IV and Schedule 1.1 (Form 900) if additional space is padded. | sistance to Gov 21, for any reci | | Organizations in the ed more than \$5,00 | ne United States. C | s and Organizations in the United States. Complete if the organization answered "Yes" on received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use | nization answered 'eceived more than | 'Yes" on \$5,000. Use |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | th grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| None | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government org | 501(c)(3) and gove | rnment organizations | · · · · · suo | | | | 0 0 |
| S Eliter total fulliber of other organizations | ariicatioris | | | | | | > |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instr | ction Act Notice, se | se the Instructions | uctions for Form 990. | 0 | Cat. No 50055P | S | Schedule I (Form 990) 2008 |

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

| (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 non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| CONTRIBUTIONS AND GRANTS | ဖ | 0 | 4,367 FMV | FMV | CELEBRITY LOCAL |
| CONTRIBUTIONS AND GRANTS | 2 | 1,340 | 13,160 FMV | FMV | CELEBRITY TRAVEL |
| CONTRIBUTIONS AND GRANTS | 18 | 0 | 23,430 FMV | FMV | COMPUTER |
| CONTRIBUTIONS AND GRANTS | 36 | 8,045 | 412,498 FMV | FMV | DISNEY WORLD |
| CONTRIBUTIONS AND GRANTS | 18 | 0 | 21,519 FMV | FMV | ELECTRONICS |
| CONTRIBUTIONS AND GRANTS | 2 | 0 | 87,871 | FMV | MUSICAL INSTRUMENT/RELATED |
| CONTRIBUTIONS AND GRANTS | S | 0 | 7,420 FMV | FM< | ОТНЕК |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | te this part to pr | ovide the informatic | on required in Part | I, line 2, and any other | additional information. |

expenses, with the exception of travel stipends (meals, tips, gas, etc.) from a standardized wish budget. All wish expenses are developed by the Wish Coordinator and Procedures for monitoring the use of grant funds-Make A Wish Foundation of Puerto Rico, Inc. 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 generally allocates funds directly to the vendors for the wish are approved by the Executive Director. The supporting wish expense documentation (invoices and statements) is retained by the organization

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

Open to Public Inspection

| Make A Wish Foundation of Puerto Rico, Inc. | o Rico, Inc. | | | | | 99 | 0529880 |
|--|--------------------|------------------------------------|---|-----------------------------------|--|--|------------------------------------|
| Part Continuation of Grants and Other Assistance | ts and Other A | | vernments and Or | rganizations in the | to Governments and Organizations in the U.S. (Schedule I (Form 990), | orm 990), Part II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (c) IRC Code section (d) Amount of cash grant if applicable | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| None | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of Section 501(c)(3) and government or | 501(c)(3) and go | vernment organizations | suoi | | | | 0 |
| 3 Enter total number of other organizations | ganizations . | | | | | | 0 |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | tion Act Notice, s | ee the Instructions f | or Form 990. | Cat | Cat. No. 51026W | Sch | Schedule I-1 (Form 990) 200 |

Schedule I-1 (Form 990) 2008

age **2**

Schedule I-1 (Form 990) 2008

| Schedule 1-1 (Form 980) 2008 Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.) | Assistance to I | ndividuals in the U | S. (Schedule 1 (For | m 990). Part III.) | Zage Z |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| j | (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 non-cash assistance |
| CONTRIBUTIONS AND GRANTS | 2 | 0 | 25,522 | FMV | PARTY |
| CONTRIBUTIONS AND GRANTS | 7 | 0 | 11,237 FMV | FMV | CRUISE CELEBRITY ROYAL |
| CONTRIBUTIONS AND GRANTS | 4 | 0 | 17,373 FMV | FMV | ROOM REDECOR/FURNITURE |
| CONTRIBUTIONS AND GRANTS | 11 | 17,080 | 2,613 | FMV | SHOPPING SPREE/LOCAL |
| CONTRIBUTIONS AND GRANTS | 7 | 0 | 87,980 FMV | FMV | TOYS/BOOKS |
| | | | | | |
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| | | | | | Schedule I-1 (Form 990) 2008 |

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

| | ke A Wish Foundation of Puerto | Rico, Inc. | | | 66 | 0 | 529880 | | |
|------------|---|-------------------------------|---|---|------------|----------|------------------|--------|----|
| Par | Types of Property | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported o Form 990, Part VIII, line | | Method (| (d) of detern | ninınç | 9 |
| 1 | Art—Works of art | | | | | | • | | |
| 2 | Art—Works of art | | | | | | | | |
| 3 | | | | | | | | | |
| | | | | | | _ | | | |
| 4 | Books and publications | | | - | | | | | |
| 5 | Clothing and household goods | | | | | | | _ | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | _ |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities—Publicly traded . | | | | | | | | |
| 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 | I I | | | | | | | |
| 17 | Real estate—Other | I | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | | |
| 21 | Taxidermy | 1 | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | _ | | |
| 25 | Other ► (Wishes) | | 112 | 593,457 | | Fair M | arket V | alue | |
| 26 | Other ▶ () | | <u> </u> | <u> </u> | | | | | |
| 27 | Other ► () | | | | | | - | | |
| 28 | Other ► () | | | | | | _ | | |
| 29 | Number of Forms 8283 receive | d by the or | ganization during the tax | vear for contributions | for | | | | |
| | which the organization complete | | | | 2 | 9 | 0 | | |
| | . | | , ····,····· | | | | \ | /es | No |
| 302 | During the year, did the organiz | ation receiv | e by contribution any pro- | nerty reported in Part I | lines 1 | -28 that | | ŀ | |
| oou | it must hold for at least three ye | | | | | | | | |
| | used for exempt purposes for t | | | | | | 30a | | ✓ |
| b | If "Yes," describe the arrangem | | | | | | | | |
| 31 | Does the organization have a | | | res the review of an | v non-s | standard | | | |
| J . | contributions? | . g acce | | | | | 31 | ✓ | |
| 32= | Does the organization hire or u | se third nar | ties or related organization | ns to solicit process | or sell | noncash | | | |
| JEa | contributions? | | | | | | 32a | | |
| ь | If "Yes," describe in Part II. | • | | | • | • | | | |
| 33 | If the organization did not report | revenues in | column (c) for a type of pro- | operty for which colum | n (a) is d | checked. | | | |
| | describe in Part II. | | · · · (-) · · · · · · · · · · · · · · · · · · · | | . , , | , | | | |

| Part II | Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. |
|---------|---|
| NONE | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2008

Department of the Treasury Internal Revenue Service Name of the organization

Make A Wish Foundation of Duarte Disc. Inc.

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

0520880

Employer identification number

66

| Wake A Wish Foundation of Fuerto Rico, Inc. |
|---|
| Form 990-Section A. Part VI-Line 10: Was a copy of Form 990 provided to the organization's governing body before it was |
| filed? Describe the process, the organization uses to review the Form 990. |
| The Form 990 preparation and review process is summarized as follows: (1) The Executive Director provides all relevant |
| information to the licensed certified public accountant, (2) Form 990 is prepared by the certified public accountant with |
| figures from the organization's audited financial statements, (3) Form 990 is reviewed by both the Executive Director and |
| the Treasurer of the board of directors, (4) The Treasurer distributes the completed Form 990 to the rest of the board |
| members to be reviewed and discussed prior to final approval, (5) The minutes of the board of meetings reflect the fact |
| that a review/approval process took place, (6) Once approved by the board of directors, the Treasurer signs the Form, |
| (7) The Executive Director submits Form 990 to the IRS, either by certified mail or personal delivery, (8) The Executive |
| Director files a copy of the Form 990 in the organization's records. |
| |
| Form 990-Section B. Part VI-Line 12c: Does the organization regularly and consistenly monitor and enforce compliance |
| with the written conflict of interest policy? |
| On an annual basis, all volunteers, Board of Directors and employees of the organization sign the "Conflict of Interest and |
| Ethics Assurance Statement" (See Attachment). Any suspected or reported conflict of interest is investigated by the Board |
| of Directors. |
| |
| Form 990-Section B. Part VI-Line 15a/15b: Did the process for determining compensation of the CEO, Executive Director, |
| top management official, other officers or key employees, include a review and approval by independent persons, |
| comparability data, and contemporaneous substantiation of the deliberation and decision? |
| The Executive Director's compensation was established after careful and thorough deliberation by the independent board |
| of directors. Comparability data was reviewed to ascertain fair and reasonable compensation within the context of local |
| market for non-for-profit officers and directors with comparable skills and experience. |
| |
| |

MAKE A WISH FOUNDATION OF PUERTO RICO, INC. SCHEDULE OF CONTRIBUTORS-NONCASH PROPERTY FORM 990 - 2008 SCHEDULE B- PART II

| No. From | Description of noncash property | | | |
|----------|---------------------------------|----------|---------|---------------|
| Part I | given | | FMV | Date received |
| 3 | Institutional Advertising | \$ | 55,866 | October 2008 |
| 3 | Institutional Advertising | | 56,020 | November 2008 |
| 3 | Institutional Advertising | | 23,384 | December 2008 |
| 3 | Institutional Advertising | | 3,920 | January 2009 |
| 3 | Institutional Advertising | | 4,172 | February 2009 |
| 3 | Institutional Advertising | | 20,208 | March 2009 |
| 3 | Institutional Advertising | | 2,092 | April 2009 |
| 3 | Institutional Advertising | | 29,726 | May 2009 |
| 3 | Institutional Advertising | | 11,020 | June 2009 |
| 3 | Institutional Advertising | | 1,292 | July 2009 |
| 3 | Institutional Advertising | | 3,949 | August 2009 |
| | | | | _ |
| | | \$ | 211,649 | <u> </u> |
| | | | | |
| _ | | | | |
| 4 | Media Tour for Wish Granted | \$ | | July 2009 |
| 4 | Media Tour for Wish Granted | | | August 2009 |
| | | \$ | 26,762 | : |
| | | | | |
| 5 | Institutional Advertising | \$ | 5,352 | November 2008 |
| 5 | Institutional Advertising | | 7,704 | December 2008 |
| 5 | Institutional Advertising | | 8,912 | April 2009 |
| 5 | Institutional Advertising | | | May 2009 |
| 5 | Institutional Advertising | | 1,962 | June 2009 |
| | | | | _ |
| | | \$ | 33,596 | _ |
| | • | | | - |
| _ | to automation of a discost 2 | ^ | 4 440 | F-h |
| 6 | Institutional Advertising | \$ | • | February 2009 |
| 6 | Institutional Advertising | | | April 2009 |
| 6 | Institutional Advertising | | 9,480 | May 2009 |
| | | \$ | 28,080 | - |
| | ; | <u> </u> | | • |