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Form **990** 

# **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

Open to Public

_		nue Service		<del></del>	illay flave to use a						inspection
Α	For th	e 2008 c		year, or tax yea			2008, and			g 31	, 20 09
_		applicable	Please use IRS		zation Make-A-Wis	sh Foundation o	of Centra	l & Sout	h Texas		er identification number
		change	label or	Doing Business				<del></del>		74 E Telepho	: 2357788
	lame cl		print or type.	1	(or PO box if mail is no	delivered to street add	ress)   F	Room/suite			
∐ Ir	nitial ret	turn	See Specific	2224 Walsh T					00	(512)	329-9474
□т	ermına	tion	Instruc-	1 '	ate or country, and ZIF	7 + 4					
		d return	tions.	Austin, TX 78		· .				G Gross red	ceipts \$ 1,860,165
∐ A	pplicatio	on pending			orincipal officer. sai	ne as above			H(a) Is this	a group return	for affiliates? Yes No
				na Linden, Pres		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			)		ncluded? LYes LNo
$\overline{}$		empt status		501(c) ( 3 )◀ (inse	rt no.)	) or			1		list (see instructions)
				x.wish.org	· Flour		I		<del> </del>	xemption nun	
_				oration Trust 7	Association U Other	•	L Year o	f formation	1984	M State of	legal domicile TX
ĽĚ	rt I	Summ		<u> </u>	···-			54-1 A	140-L F		-f.C41
	1	Briefly d	escribe	the organization	on's mission or m	ost significant a	ctivities:	wake-A	-wish Fo	ungation	or Central
ø		& South	ı lexas	grants the wi	snes of children	with life-threate	ning me	dical co	nditions t	o enrich	the
anc		human	experie	ence with hope	, strength and jo	у			·	•••••	
E E											
Governance					ation discontinued its						40
•ಶ '					the governing bo					. 3	10
Activities					members of the					<del></del>	10
Ϋ́				f employees (P						. 5	11
¥	1			•	timate if necessa	• •				. 6	329
					revenue from Pa			6)		. 7a	0
	D	ivet unre	elated b	usiness taxable	income from Fo	m 990-1, line 3	4	<del></del>	Prior Ye	.   7b	Current Year
			_							398,253	1,803,947
ē					VIII, line 1h)			· ·	Ζ,	4,950	5,100
Revenue		-		e revenue (Part				$\cdot \cdot \vdash$		5,818	1,848
Be.					column (A), lines			· ·  -		3,616	34,376
	11 12	Total rev	venue (	(Part VIII, COLLIN	on the lines of God	پېڅر you, iuc, ar چېمدانکالا دارسې	IO ITE) n (Δ\ line	121.		409,021	1,845,271
						1011		12)	<u> </u>	0	1,040,211
	13	Grants a	ana sim	illar amounts(pa	aid (Part IX, colun	an (A) Sines 1-3	)	• • ⊢		0	
S	14	Benefits	paid to	or for membe	rp (Part\IX∳colum nployee benefits (f	in (All, june 4) .	 N Jungo E		···	545,429	584,925
Expenses	15	Salaries,	other c	ompensauce, er	nployee benefits (	ARSK, COLUMN (F	y, imes 5–	·''')  -		0	00.,020
ğ					Part IX Follemen (A)		224,88	31			
					nn (A), lines 11a-			<del> </del>	2	075,398	1,353,409
	1		-	•	117 (must equal P					620,827	1,938,334
					ct line 18 from line		-y, iii le 20	"		211,806)	(93,063)
ces		110101140	, 1000 0	poriossi sastra		<del></del>	<u> </u>		Beginning		End of Year
land	20	Total as	eate (P	art X, line 16).					***	946,771	861,599
Assets d Balan	21		•	(Part X, line 26)						721,966	729,857
Net A Fund	22				Subtract line 21 f	rom line 20				224,805	131,742
	art II			Block			-				
		Under p	enalties c	of perjury, I declare	that I have examined th	is return, including a	ccompanyır	ng schedule	es and staten	nents, and to	the best of my knowledge
		and beli	ief, it is tr	rue, correct, and co	mplete Declaration of	preparer (other than	officer) is t	based on a	i information		reparer has any knowledge
Sig	3n	1	4)00	RUURO	escolor					61	30/10
He	re	Sig	nature of	officer		0	· -A		Dat	e	
		ک ۱	00	<u>rnna L</u>	inden,	Presi	00		- Cle	<u> </u>	
		Тур	e or prin	t name and title							
		Prepare			-		Date	Che self-	ck if	Preparer's	identifying number
Pai	d	signatui	re 🔽						loyed 🕨 🗌	(See IIISUUC	nona)
	o parer's	s					<u> </u>			<u>L</u>	
	Only	Firm's r	name (or y mployed),						EIN	<b>•</b>	
	·		s, and ZIP		··				Phone r	10 - (	<u>)                                    </u>
Ma	y the	IRS disc	cuss thi	is return with th	ne preparer show	n above? (see ir	struction	ıs) <u></u>	<del></del>	<u> </u>	. 🔲 Yes 🗌 No
<b>-</b>					- 4-4 \$1-4:				0.1.11.4	400014	Earm 990 (2008)

Par	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: Make-A-Wish Foundation of Central & South Texas grants the wishes of children with life-threatening
	medical conditions to enrich the human experience with hope, strenght 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?
	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?
4	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 \$including grants of \$) (Revenue \$)  Make-A-Wish Foundation of Central & South Texas grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope strength and joy.
	The Foundation granted 233 wishes in fiscal year 2009.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	•
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code) (Expenses \$ including grains of \$) (nevenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	

Par	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	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		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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		<b>√</b>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
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		1
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		1
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		1
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	_
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		4
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 21		4
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22		1
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			+ -
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		1
	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 any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
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		1
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		1

Pa	rt IV Checklist of Required Schedules (continued)			ugo
			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		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		1
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? If "Yes," complete Schedule R, Part V, line 2	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 VI	37		
			<u>L</u> .	

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. 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 10		7	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	<del></del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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.		-	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		<b>✓</b>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	✓	ļ
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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	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	7h	1	
_	required?	<del>  '''</del>	<del>  •</del>	<del>                                     </del>
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_	_	₩
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b 44	arous receipts, meladed on Ferri 506, Fart Vill, line 12, for public dec of class labilities	ł		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
_	arous mounte from mornous of shareholders	1		
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b   N/A	ı		

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

<u>Sec</u>	tion 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	Enter the number of voting members of the governing body	i		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		.	
	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct	- 1		
	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		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>√</b>
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓_
b	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			
	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		_✓
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<b>√</b>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.5	,	
	describe in Schedule O how this is done	12c	1	<del> </del>
13	Does the organization have a written whistleblower policy?	13	<b>√</b>	<del>                                     </del>
14	Does the organization have a written document retention and destruction policy?	14	<b>-</b>	<u> </u>
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:	45	- ,	-
а	The organization's CEO, Executive Director, or top management official?	15a	<del>/</del>	-
b	Other officers or key employees of the organization?	15b	<del>-</del>	<del> </del>
	Describe the process in Schedule O. (see instructions)		l	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-	1	
	with a taxable entity during the year?	16a	-	<b>  √</b>
b	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 the organization's exempt status with respect to such arrangements?	16b		
Sar	the organization's exempt status with respect to such arrangements?	100	Ь	
$\overline{}$				
17	List the states with which a copy of this Form 990 is required to be filed ►TX		. ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, and 990-T (501(organization to make its Forms 1023 (or 1024 if applicable)), 990, 990, 990, 990, 990, 990, 990, 9	)(J)S	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
46	Own website  Another's website  Upon request	-4!-·		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ot int	erest	
00	policy, and financial statements available to the public.		.e.u	
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ▶ Dan Sannes, CFO-COO 512-329-9474	ras c	tne tne	
	organization: ► Dan Sannes, CFO-COO 512-329-9474  2224 Walsh Tariton Lane, Suite 200, Austin TX 78746			<b>-</b>
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# 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)			(0				(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)					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
Steve Loranger Board Member, Chair	8	1						0	0	0
Robert Bright Board Member, Vice Chair	4	1						0	0	0
James Anderson Board Member, Secretary	4	1						0	0	0
Christopher Gaddy Board Member, Treasurer	4	1					_	0	0	0
Thomas Brown Board Member	4	1						0	0	0
Mary Freeman  Board Member	4	1				ļ		0	0	0
Le Keough Board Member	4	1	_					0	0	0
Dr. Sharon Lockhart Board Member	4	1	ļ			ļ		0	0	0
Steve Markey Board Member	4	1	_	<u> </u>		<u> </u>		0	0	0
Dr. Karen Richards Board Member	4	1	ļ 	_		<u> </u>		0	0	0
Lance St. Clair Board Member	4	1	-	_				0	0	0
Joanna Linden President & CEO	40		_	1		ļ		90,125	0	90,125
	-		_	_	_	_	$\perp$			
	-					_	-			
					_	_				
	-									
	-									

Par	VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loye	ees,	an	d Hig	hes	t Compensated	Employees (co	ntinued)
	, (A)	(B)			(0	>)			(D)	(E)	(F)
	Name and title	Average hours per	Positi	on (c		all t	that ap		Reportable compensation	Reportable compensation	Estimated amount of
	•	week	Individual trustee or director	Inst	Officer	Key employee	음등	Former	from	from related	other
			Te du	토	er	3	lest	) e	the organization	organizations (W-2/1099-MISC)	compensation from the
			Q E	nstitutional trustee		ջ	, e c		(W-2/1099-MISC)	(	organization
			ste	trus		8	Ę				and related organizations
		!	•	tee			Highest compensated employee				
				-	-	-	ă	├			
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			1	+	╁	$\vdash$	<del>                                     </del>	╁	<del> </del>		· · · · · · · · · · · · · · · · · · ·
		1				l	}		İ		
1b	Total		<del></del>	٠				<b></b>			
2	Total number of individuals (including thos	se in 1a) w	ho red	ceiv	ed i	mor	e tha	ın \$	100,000 in rep	ortable compens	sation from the
	organization ►										
											Yes No
3	Did the organization list any former offic	er, director	or tr	uste	ee,	key	emp	loye	ee, or highest o	compensated	-
	employee on line 1a? If "Yes," complete S										3 🗸
4	For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satio	n ar	nd other compe	ensation from	
	the organization and related organizations	greater th	an \$1	50,0	000	?	"Yes,	" cc	mplete Sched	ule J for such	4 /
_	individual			•		•		•			<del>                                    </del>
5	Did any person listed on line 1a receive services rendered to the organization? If	or accrue "Yes." com	com Inlete	ipen Sch	ısatı hedi	ion ule :	πom J for	any suc	y unrelated org <i>h person</i>	ganization for	5 1
Se	ction B. Independent Contractors										. <del> </del>
1	Complete this table for your five highest of	compensat	ed ind	depe	end	ent	contr	acto	ors that receive	ed more than \$1	100,000 of
	compensation from the organization.	·									
	(A)								(B)		(C)
	Name and business ac	idress						$\perp$	Description of	services	Compensation
no	ne							+			
								+			<del> </del>
								+			
								+			
	Total number of independent contractors	(includia -	ther		4١.	- حاره			d more than fi	00 000 in	
~	compensation from the organization		เทษ	<del>5</del> 111	', '	WITC	, 1606	;IVE(	a more than a	00,000 111	

Part	VIII	Statement of Reve	nue					
	•	•			(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	b c d e f	Related organizations . Government grants (contributed All other contributions, gifts, grand similar amounts not included in Noncash contributions included in	1b 1c 1d 1d 1e 1tions). 1e 1f 1 lines 1a-1f: \$	120,824 494,969 1,188,154	1 902 047			
	<u> </u>	Total. Add lines 1a-1f .	<del></del> .	Business Code	1,803,947			
Program Service Revenue	_	Wish assist revenue		900099	5,100	5,100	-	
eve	2a			300033	3,100	3,100	<del></del> -	
ě	Ь							<del>                                     </del>
Ž	, c	•••••					<del></del>	<del>                                     </del>
Š	a							
gra	f	All other program service						
Ę		Total. Add lines 2a-2f .		•	5,100			
		Investment income (include other similar amounts)	ding dividends	s, interest, and	1,848			1,848
	4	Income from investment of to		d proceeds				1
	5	Royalties	(i) Real	(II) Personal	7,67		*	
			(i) rieai	(II) Personal		•		
		Gross Rents			A A	*		
	•	Less: rental expenses			1	*		
		Rental income or (loss)		<u> </u>		an hardendayerina - ah aa ah		-
	a	Net rental income or (loss	•	<del></del>		Λ		<u> </u>
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				,
	b	Less cost or other basis and sales expenses .			y**			;
		Gain or (loss)		<b>&gt;</b>	v <del></del> v	e samentina ma	. ź _ ′ .	
evenue	1	, ,	fundraising 494,969			-		
Œ		of contributions reported of See Part IV, line 18	···a	49,270	, Sur			
Other		Less: direct expenses . Net income or (loss) from	b	14,894	24 270	24 270		•
J	"	iver income or (loss) from	i iunuraising e	vento 🟲	34,376	34,376		_
	9a	Gross income from gaming See Part IV, line 19	g activities.					
		Less: direct expenses, .	b					
	C	Net income or (loss) from	ngaming activ	uties 🕨				
	10a	Gross sales of inventerment and allowances .				-		
	h	Less: cost of goods sold			1			
		Net income or (loss) from s						
	<b>_</b>	Miscellaneous Revenu		Business Code				
	11a			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	b							<del>                                     </del>
	1 -	***************************************						
	۲ C	All other revenue						
		Total. Add lines 11a-11d						
		Total Revenue. Add line						
	'-	9c, 10c, and 11e	o III, ∠y, o, 4	, o, ou, ru, oc, ▶	1,845,271	39,476		1,848
					· · · · · · · · · · · · · · · · · · ·		·	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, 89,825 54,533 18,720 16,572 trustees, and key employees . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 377,255 237,291 59,020 80,944 Other salaries and wages . . . . . Pension plan contributions (include section 401(k) 9,789 6,143 2,107 1,539 and section 403(b) employer contributions) . . . 46,492 73,626 11,425 15,709 Other employee benefits . . . . . . 34,430 21,874 5,275 7,281 10 Payroll taxes . . . . . . . 11 Fees for services (non-employees): a Management . . . . . .

b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	***	*		
f	Investment management fees				
g	Other	19,690	11,913	81	7,696
12	Advertising and promotion	2,305	800	1,145	360
13	Office expenses	40,927	25,095	6,794	8,408
14	Information technology	8,046	4,999	1,291	1,756
15	Royalties				
16	Occupancy	29,777	18,777	4,634	6,366
17	Travel	21,418	10,866	4,909	5,643
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	24,621	10,091	3,654	10,876
20	Interest				
21	Payments to affiliates	72,036	54,027	9,004	9,005
22	Depreciation, depletion, and amortization.	6,391	3,879	1,072	1,440
23	Insurance	<u> </u>			
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.)	4.¢ #	37	4	
а	Wish expenses	1,071,357	1,071,357		
b	Printing and subscriptions	7,881	4,100	1,130	2,651
c	Processing and bank fees	10,820	0	82	10,738
d	Other	2,126	125	1,356	645
е	Pledge loss	36,644	0	0	36,644
f					
25	Total functional expenses. Add lines 1 through 24f	1,938,334	1,582,362	131,131	224,841
26	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				
					Form <b>990</b> (2008)

Pa	rt X	Balance Sheet					
	_	•	(A) Beginning of year		(B) End of	) year	
	1	Cash—non-interest-bearing	374,703	1		286,	370
	2	Savings and temporary cash investments	255,376	2		239,	623
	3	Pledges and grants receivable, net	290,577	3		316,	680
	4	Accounts receivable, net	2,146	4			782
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	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	-	6	-		
ম	7			7			
Assets	8	Inventories for sale or use	500	8			0
Ä	9		12,620	9		9	,276
	10a	Prepaid expenses and deferred charges					
	ь	Less: accumulated depreciation Complete					
	"	Part VI of Schedule D	10,849			8	,868
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11	<del></del>	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	242 ==4	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	946,771				<u>,599</u>
	17	Accounts payable and accrued expenses	721,966		<del> </del>	729	<u>,857</u>
	18	Grants payable		18			
	19	Deferred revenue		20			
"	20	Tax-exempt bond liabilities		21			
Ęį	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	4 , 4 4	22	n a shakka man saman		
	00	persons. Complete Part II of Schedule L		23	· <u>-</u>		
	23 24	Secured mortgages and notes payable to unrelated third parties		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	721,966	$\rightarrow$		729	,857
alances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.					
and	27	Unrestricted net assets	15,559	27		27	,791 <sup>°</sup>
Bal	28	Temporarily restricted net assets	207,456			102	2,161
		Permanently restricted net assets	1,790	29		1	,790
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
8	30	Capital stock or trust principal, or current funds		30		-	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
let	33	Total net assets or fund balances	224,805	33		131	,742
	34	Total liabilities and net assets/fund balances	946,771	34		861	,599
P	art XI	Financial Statements and Reporting					
1	Δςς	counting method used to prepare the Form 990:   Cash  Cash  Cash	I □ Other			Yes	No
		re the organization's financial statements compiled or reviewed by an inc		t?	2a	L <sup>!</sup>	1
		re the organization's financial statements complied or reviewed by an independent acc			2b	1	
		Yes" to lines 2a or 2b, does the organization have a committee that assumes		sight (	•		
		audit, review, or compilation of its financial statements and selection of an ir				1	
3	a As	a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?	audit or audits as se	t forth			1
		Yes," did the organization undergo the required audit or audits?					

### SCHEDULE A (Form 990 or 990-EZ)

# **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

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection in Employer identification number

		-Wish Found	ation of Central	& South Texas					74 :	2	357788	
Par	tΙ	Reason	for Public Ch	arity Status (All org	anizatio	ns must	comple	te this p	oart.) (se	e instruc	ctions)	
Γhe	orga	anızation is no	t a private found	dation because it is: (	Please cl	heck only	one org	anization	.)			
1		A church, co	nvention of chur	ches, or association of	of church	nes descr	ibed in s	ection 17	70(b)(1)( <i>£</i>	\)(i).		
2		A school des	cribed in <b>sectio</b>	n 170(b)(1)(A)(ii). (Atta	ach Sche	edule E.)						
3		A hospital or	a cooperative h	ospital service organi	zation de	escribed i	n <b>sectio</b> i	n 170(b)(	1)(A)(iii).	(Attach S	chedule H.)	
4			-	tion operated in conju ate:		vith a hos	pital des	scribed in	section	170(b)(1)	(A)(iii). Enter the	
5		•	on operated for b)(1)(A)(iv). (Cor	the benefit of a collect	ge or univ	ersity ow	ned or o	perated I	by a gove	ernmental	unit described in	
6		A federal, sta	ate, or local gove	ernment or governme	ntal unit	described	l in secti	on 170(b	)(1)(A)(v)			
7	Ø	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community	trust described	in section 170(b)(1)(	A)(vi). (C	omplete i	Part II.)					
9				receives: (1) more that d to its exempt functi								
		support from	gross investme	ent income and unrel after June 30, 1975.	ated bus	iness tax	able inc	ome (less	s section			
10			_	nd operated exclusive						(a)(4) (se	e instructions)	
11	$\exists$			nd operated exclusive								
••				olicly supported organ								
				t describes the type of								
		a ☐ Type				e III-Fund					Type III-Other	
е				ify that the organizati								
				n managers and other								
		509(a)(1) or s	section 509(a)(2).	•								
f			zation received check this box	a written determination	on from	the IRS t	hat it is	a Type I	, Type II	, or Type	III supporting	
g		Since Augus	t 17, 2006, has	the organization acce	pted any	gift or c	ontributio	n from a	ny of the	•		
		following per		. !	مام ساملات						Yes No	
				r indirectly controls, e ning body of the supp				n person	is descri	sea iii (ii)	11g(i)	
			_	rson described in (i) a		garnzano					11g(ii)	
				of a person described		ii) above	?				11g(iii)	
h				ation about the organ				upports.				
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify		ls the	(vii) Amount of	
	or	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support	
				(see instructions))	90			oort?		S ?		
					Yes	No	Yes	No	Yes	No		
					_							
										-		
			<del></del>	<del> </del>		<del> </del>	<u> </u>	<del> </del>	<del></del>	<del> </del>	<del>                                     </del>	
					l					1		

**Total** 

Par	Support Schedule for Org (Complete only if you check	anizations D ked the box o	escribed in on line 5, 7, c	Sections 170 or 8 of Part I.	D(b)(1)(A)(iv)	and 1	170(b)(1	)(A)(vi)
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,217,276	1,431,992	1,402,058	2,398,253		803,947	8,253,526
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3	1,217,276	1,431,992	1,402,058	2,398,253	1,8	803,947	8,253,526
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							100,129
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.			<b>S</b>				8,153,397
	tion B. Total Support	I <u></u>						0,100,001
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	Amounts from line 4	1,217,276	1,431,992	1,402,058	2,398,253		803,947	8,253,526
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,853	8,166	10,221	5,818		1,848	29,906
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10 .	` `				<u> </u>		8,283,432
12	Gross receipts from related activities, etc	. (see instructio	ns)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth	-			n 501(c)(3) $\blacktriangleright$ $\square$
	tion C. Computation of Public Su							09.42 **
14	Public support percentage for 2008 (line		•	1, column (f))		14		98.43 %
15	Public support percentage from 2007 Sc	•	•			15		96.00 %
16a	33% support test-2008. If the organi				line 14 is 331/3 9	% or m	nore, chec	
	and stop here. The organization qualifies							▶ ☑
b	33% % support test—2007. If the organi box and stop here. The organization qua							
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the "facts-and-circumstances" and if the organization meets the organization m	acts-and-circun	nstances" test,	check this box	and stop here.	Expla	ın ın Part	IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and circumstances test—2007 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2007 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2007 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2007 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2007 more, and if the organization meets the "facts-and-circumstances" and circumstances test—2007 more, and circumstances t	facts-and-circum	istances" test, o	check this box a	and stop here.	Explair	n ın Part	IV how the
18	Private foundation. If the organization did	d not check a bo	x on line 13, 16	a, 16b, 17a, or <mark>1</mark>	7b, check this	box an	id see inst	tructions 🕨 🗀

	ule A (Form 990 or 990-EZ) 2008						Page 3
	Support Schedule for Organ (Complete only if you checked				)(2)		
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1-5		<del> </del>				<del> </del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000				-		
С	Add lines 7a and 7b ,						
8	Public support (Subtract line 7c from		ļ	1			4
800	tion B. Total Support		1				
	llendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	- ' - ' - '	(u) 200-	(5) 2000	(0) 2000	(4) 200.	(6) 2000	(1) 10141
9 10a	Amounts from line 6	_					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						-
14	First five years. If the Form 990 is for						ion 501(c)(3)
Sec	organization, check this box and stop stion C. Computation of Public Su		ntage		• •	· ·	<u> </u>
15	Public support percentage for 2008 (lin			ne 13 column	(f))	15	%
16	Public support percentage for 2006 (in Public support percentage from 2007 Stion D. Computation of Investmen	Schedule A, P	art IV-A, line 2			16	<u>%</u>
	<del></del>			b the - 40		17	%
17	Investment income percentage for 200	-		-	column (t)) .	18	<del>78</del>
18 10a	Investment income percentage from 20 33% % support tests – 2008. If the organization				and line 15 ic		
130	17 is not more than 33½ %, check this b						

b 331/3 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup

ochequie A (FC	rm 990 or 990-EZ) 2008 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)
•	
•••••••	
<del>-</del> -	
•	
• • • • • • • • • • • • • • • • • • • •	
	······································

### 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

1401110	A LANGE TO A LANGE CO. A LONG ALCO	Employer identification number
_	e-A-Wish Foundation of Central & South Texas	74 2357788
Par	Organizations Maintaining Donor Advised Funds or Other Similar For the organization answered "Yes" to Form 990, Part IV, line 6.	unds or Accounts. 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	
5	Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that granteed only for charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	r or other
Par	t II Conservation Easements. Complete if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1		of an historically important land area of certified historic structure
2	on the last day of the tax year.	orm of a conservation easement
		Held at the End of the Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	1 _ 1
d	Number of conservation easements included in (c) acquired after 8/17/06	
3	Number of conservation easements modified, transferred, released, extinguished, or to the taxable year ▶	•
4	Number of states where property subject to conservation easement is located ▶	·
5	Does the organization have a written policy regarding the periodic monitoring, inspection enforcement of the conservation easements it holds?	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements of	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during	ng the year▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its reverbalance sheet, and include, if applicable, the text of the footnote to the organization's the organization's accounting for conservation easements.	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue sart, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes	search in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	earch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:	assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, line 1	

Sched	lule D (Form 990) 2008					Page 2
	t III Organizations Maintaini	ng Collections	of Art, Historic	al Treasures, or	Other Similar As	
3	Using the organization's accession items (check all that apply):					
a b	Public exhibition Scholarly research			Loan or exchange Other		
c	Preservation for future generate					
4	Provide a description of the organize Part XIV.					npt purpose in
5	During the year, did the organization sassets to be sold to raise funds rather	than to be mainta	ined as part of t	he organization's co	llection?	Yes No
Par	Trust, Escrow and Custo Part IV, line 9, or reported				swered "Yes" to F 	Form 990, 
	Is the organization an agent, trusted included on Form 990, Part X?  If "Yes," explain the arrangement in				or other assets not	☐ Yes ☐ No
D	ii fes, explain the arrangement in	Part AIV and Con	piete trie rollov	virig table.	Am	ount
С	Beginning balance			10	С	
	Additions during the year			E	d	
	Distributions during the year				в	
	Ending balance			<u>1</u>	<u>t  </u>	
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV.				Yes No
Pai	rt V Endowment Funds. Co					
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				1 1	
b	Contributions					
C	Investment earnings or losses .		<del></del>		<del> </del>	<del></del>
	Grants or scholarships			47	- 3	
	Other expenditures for facilities and programs					
	Administrative expenses End of year balance		, a	64		· · · · · · · · · · · · · · · · · · ·
2	Provide the estimated percentage of			<u>```</u>	- <b>I</b>	<u></u>
a	Board designated or quasi-endowm	•				
	Permanent endowment ▶					
	Term endowment ▶%					
3a	Are there endowment funds not in th	e possession of th	ne organization t	hat are held and ad	ministered for the	Yes No
	organization by:					3a(i)
	(i) unrelated organizations		• • • • •	· · · · · ·		3a(ii)
b	(ii) related organizations If "Yes" to 3a(ii), are the related org	anizations listed a	as required on S	Schedule R?		3b

4 Describe in Part XIV the intended uses				
Part VI Investments - Land, Buildin	ngs, and Equipment	t. See Form 990, F	Part X, line 10.	
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a       Land				
d Equipment		82,573	73,705	8,868
Total. Add lines 1a-1e. (Column (d) should equa	Form 990, Part X, colur	nn (B), line 10(c).) .		8,868

Part VII Investments—Other Securities	s. See Form 990, Part X	(, line 12.	Tage U
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial denvatives and other financial products			
Other			
		<del> </del>	
	<del>                                     </del>	<del>                                     </del>	
	<del>                                     </del>	1	
	<del> </del>		
		<del></del>	
	<u> </u>	<del> </del>	<del></del>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments—Program Relate	ed. See Form 990, Part	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		<del> </del>	
	<del> </del>		
	<u> </u>	<del> </del>	
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)			**
Part IX Other Assets. See Form 990, Part IX	(a) Description		(b) Book value
	(4) 000001711011		(5) 255125
	<del></del>		<u></u>
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, co	ol (R) line 15 )		
Part X Other Liabilities. See Form 990		<u> </u>	<u> </u>
(a) Description of liability	(b) Amount		
Federal income taxes		,	
	<del> </del>		
	<del> </del>		
	<del></del>		
	<del> </del>		
		-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25 ) ▶			
In Part XIV, provide the text of the footnote to the uncertain tax positions under FIN 48.	organization's financial st	atements that reports the organiz	ation's liability for

ched	ule D (Form 990) 2008			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	[]	<u> </u>	1,845,271
	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,938,334
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3	(93,063)
4	Net unrealized gains (losses) on investments	4	1	0
5	Donated services and use of facilities		5	0
6	Investment expenses		3	0
7	Prior period adjustments		7	0
8	Other (Describe in Part XIV)	🔼	3	0
9	Total adjustments (net). Add lines 4–8	—	-	0
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		<u>o   _</u>	(93,063)
	t XII Reconciliation of Revenue per Audited Financial Statements With F		per H	
	Total revenue, gains, and other support per audited financial statements		-1	2,325,405
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اء		
	Net unrealized gains on investments	400 404		
	Donated services and use of facilities	480,134		
	necoveries of prior year grants			
	Other (Describe in Fait XIV)	<del></del>		400 424
е	Add lines 2a through 2d		2e	480,134
3	Subtract line 2e from line 1		3	1,845,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a   4b			
b	Other (Describe in Part XIV)	i	4c	n
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	1,845,271
	t XIII Reconciliation of Expenses per Audited Financial Statements With			
1	Total expenses and losses per audited financial statements		1	2,418,468
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	480,134		
b	Prior year adjustments			
C	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d		2e	480,134
3	Subtract line 2e from line 1		3	1,938,334
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	<u> </u>	5	1,938,334
Par	rt XIV Supplemental Information			
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d		1 4; Pa	urt IV, lines 1b
		••		
			·	

Schedule D (Forr	n 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
	•	
· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •		
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#### SCHEDULE G (Form 990 or 990-EZ)

## **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,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Name of the organization Employer identification number Make-A-Wish Foundation of Central & South Texas 74 2357788 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. e L Solicitation of non-government grants Mail solicitations Email solicitations f Solicitation of government grants h Special fundraising events Phone solicitations 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. (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (iii) Did fundraiser have (iv) Gross receipts (i) Name of individual (ii) Activity custody or control of from activity or entity (fundraiser) contributions? fundraiser listed in organization col (i) 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.

Sche	dule G (Form 990 or 990-EZ) 2008		F	age 3
			Yes	No
13 a b	Indicate the percentage of gaming activity operated in:  The organization's facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	-	
р	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address:			
	Name ▶			
	Address ▶		<u> </u> -	
16	Gaming manager information:			·
	Name ▶			!
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			

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 distributed to other exempt organizations or spent

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

17 Mandatory distributions:

17a

#### **SCHEDULE O** (Form 990)

# **Supplemental Information to Form 990**

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

OMB No 1545-0047 Open to Public Inspection

2357788

Employer identification number

74

Department of the Treasury Internal Revenue Service

Make-A-Wish Foundation of Central & South Texas

Form 990 or to provide any additional information.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 RETURN IS NOT PROVIDED TO THE ORGANIZATION'S ENTIRE GOVERNING BODY. A DRAFT OF THE 990 WAS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION. ONCE REVIEWED, THE 990 WAS FILED. THE EXECUTIVE COMMITTEE THEN REPORTED TO THE GOVERNING BOARD ITS REVEIW OF THE 990 AND ITS FILING FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST FORM IS SIGNED ANNUALLY BY ALL ALL BOARD MEMBERS, STAFF AND VOLUNTEERS. THE PROCESS IS MANAGED AND TRACKED THROUGH THE ORGANIZATION'S DATABASE. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTOR'S OF THE ORGANIZATION REVIEWS THE PRESIDENT & CEO'S PERFORMANCE AND SALARY. THE PRESIDENT & CEO'S SALARY IS COMPARED TO INDUSTRY BENCHMARKS FOR THE TEXAS AREA. FORM 990, PART VI, SECTION C, LINE 19: MAKE-A-WISH FOUNDATION OF CENTRAL & SOUTH TEXAS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE THE PUBLIC UPON ITS WEBSIT OR BY REQUEST.