

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990 Inspection For the 2014 calendar year, or tax year beginning JAN 1, 2015 and ending AUG 31, C Name of organization Check d applicable: D Employer Identification number Address change MAKE-A-WISH FOUNDATION INTERNATIONAL]Name]change 86-0726985 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return termin ated 4742 N. 24TH STREET 602-230-9900 3,662,353. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende PHOENIX, AZ 85016 H(a) Is this a group return Applica-F Name and address of principal officer: JON STETTNER for subordinates? Yes X No pend ng SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or (insert no.) 527 If "No," attach a list. (see instructions) J Website: ► WWW. WORLDWISH. ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1993 M State of legal domicile; AZ Part I Summary Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 13 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 $\overline{20}$ Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 5,553,599. 799,747. 2,936,478. Revenue Program service revenue (Part VIII, line 2g) 566,970. 122,255 22,417. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) O 6,475,601 3,525,865. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,636,100 1,515,120. Benefits paid to or for members (Part IX, column (A), line 4) Ō Ö. 14 1,460,408 1,025,221.Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 368,788. Other expenses (Part IX, column (A), lines 13-11d, 41(-24e) C. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,224,110. 899,885. 3,440,226. 6,320,618. Revenue less expenses. Subtract line 18 from tine 12 154,983 85,639. 19 28 Beginning of Current Year End of Year 3,230,589. 3,761,672. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 735,017. 1,213,606. 21 팔 495,572. Net assets or fund balances. Subtract line 21 from line 20 2,548,066. Signature Block Under penalties of perusy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of frenaver (other than officer) is based on all information of which preparer has any knowledge Sign STETTNER. PRESIDENT AND CEO Here Type of orint name and title Print/Type preparer's name ₽00317845 STEPHEN E. LIVINGSTON, Paid salf-employed Firm's name CLIFTONLARSONALLEN Firm's EIN 41-0746749 Preparer Firm's address 20 E. THOMAS RD, Use Only - 20% Phone no. 602-266-2248 PHOENIX, AZ 85012 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2014) MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	THE MAKE-A-WISH FOUNDATION'S MISSION IS TO GRANT THE WISHES OF
	CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS AND 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?
	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? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations 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	
	THE FOUNDATION PROVIDES FINANCIAL AND MANAGERIAL ASSISTANCE TO ITS
	AFFILIATED ORGANIZATIONS THROUGHOUT THE WORLD IN NEARLY 50 COUNTRIES.
	THE ASSISTANCE PROVIDED IS INTENDED TO ENHANCE THE AFFILIATES' ABILITY
	TO INCREASE OPPORTUNITIES TO SATISFY THE WISHES OF CHILDREN WITH
	LIFE-THREATENING MEDICAL CONDITIONS. FOR THE ELEVENTH CONSECUTIVE YEAR,
	THE FOUNDATION HAS RECEIVED 4 OUT OF 4 STARS FROM CHARITY NAVIGATOR,
	AMERICA'S LARGEST INDEPENDENT EVALUATOR OF CHARITIES, FOR ITS ABILITY
	TO EFFICIENTLY GROW AND MANAGE ITS FINANCES IN THE MOST FISCALLY
	RESPONSIBLE WAY. THIS IS THE HIGHEST POSSIBLE RATING CHARITY NAVIGATOR
	GIVES TO CHARITIES, AND JUST 1% OF CHARITIES ARE GIVEN THIS RATING FOR
	TEN CONSECUTIVE YEARS.
	TEN CONSECUTIVE TEARS.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 2,596,060.
<u>4e</u>	Total program service expenses 2,330,000:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	!		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	ļ <u></u> -
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> X</u>	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	₩-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	-
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		٠,	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	١		- T
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2014)
		LOUIT	- J-J-U	(CU 14)

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			- <u></u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25	 	-12
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
b		24b		
C		240	 	<u> </u>
C	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
258	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		х
L		25a		^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	OC.		х
200	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<u> </u>
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		_A
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			•
	of any of these persons? If "Yes," complete Schedule L, Part III	07		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		_^_
28	instructions for applicable filing thresholds, conditions, and exceptions)			
_		200		v
a		28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	<u> </u>	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		-	
5 -7	Part V, line 1	34		x
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334	 	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	 	
36	If "Yes," complete Schedule R, Part V, line 2	26		х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		^
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
	1010.7 W. 1 O. 11 OOO III OO BI O TOQUILOG TO COMPLETE CONTEGUIE O			L (2014)
		. 51111		(-UI+)

Form **990** (2014)

, ai	Check if Schedule O contains a response or note to any line in this Part V			
	Official in Confedence of Official Science of Theory and International Confedence of Theory and		V	L.
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(qambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-'-		
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	$\overline{}$	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		\neg	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		.	
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year		.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	\longrightarrow	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_	.]	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-	.	
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	İ		
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders		ı İ	ı
h	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
	amounts due or received from them)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	i	1
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			I
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

432005 11-07-14

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	1		İ					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ļ					
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		,	, <u>.</u>					
			Yes	No_					
10a	Did the organization have local chapters, branches, or affiliates?	10a	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b		X					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
500	exempt status with respect to such arrangements? tion C. Disclosure	16b							
	List the states with which a copy of this Form 990 is required to be filed ►AZ								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only);	woulst	lo.						
10	for public inspection. Indicate how you made these available. Check all that apply.	avalidO	IC						
	X Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial						
19	statements available to the public during the tax year.	iman	udl						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	PETER FINLEY - 602-230-9900								
	4742 N. 24TH ST., SUITE 400, PHOENIX, AZ 85016								
43200	3 11-07-14	Form	990	(2014)					
				(· · · /					

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) (B)		(C)					(D)	(E)	(F)	
Name and Title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box.	unle: cer an	ss pe	rson I	s bot	han	compensation	compensation	amount of
	week	—			100.0	T	100,	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	organization
	organizations	trust	ral tru		oyee	ed		,		and related
	below	Individual trustee or director	institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	直	Inst	Officer	Key	골흔	Ē			
(1) PETER ECONOMIDES	2.00	!								
BOARD CHAIR		X		X				0.	0.	0.
(2) JEAN RAAZI	2.00			'					_	
BOARD VICE CHAIR		Х		X				0.	0.	0.
(3) DAVE STINTON	2.00									_
BOARD TREASURER	ļ	Х		X				0.	0.	0.
(4) GILLI SINCLAIR	2.00							_		
BOARD SECRETARY	<u> </u>	X		X				0.	0.	0.
(5) MARK ADAMS	2.00								_	
DIRECTOR	ļ <u>.</u>	X				<u> </u>		0.	0.	0.
(6) CRISTOPHER DAVIDSON	2.00							_		_
DIRECTOR		X				ļ		0.	0.	0.
(7) AJAY HINDUJA	2.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(8) GRAHAM FREEMAN	2.00							_		_
DIRECTOR		X						0.	0.	0.
(9) S.I. PARK	2.00									
DIRECTOR	ļ	Х						0.	0.	0.
(10) LUCIANO MANZO	2.00							_		_
DIRECTOR		X						0.	0.	0.
(11) MARKOS TAMBAKERAS	2.00							_	_	_
DIRECTOR		X		ľ				0.	0.	0.
(12) CAROLE HAKKO	2.00	ļ						_		_
DIRECTOR		X						0.	0.	0.
(13) JON ROSS	2.00							_		_
DIRECTOR		X					<u> </u>	0.	0.	0.
(14) JON STETTNER	45.00	-		ŀ				_		_
PRESIDENT & CEO				X				0.	0.	0.
(15) PETER FINLEY	45.00	-				1		_	_	_
VICE PRESIDENT & COO	 			X	<u> </u>	_	_	0.	0.	0.
		-								1
		<u> </u>	<u> </u>	<u> </u>	_	_	1	-		
		-								
	1	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	L	L	L	<u> </u>	<u>L</u>	<u></u>		

	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	(do box offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one h an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		an	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MIS		from t organiza and rela organiza		e on ed
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A			-	-	•	> >	0.		0. 0.			0. 0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportabl	е		Yes	0 N o
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for		uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3	163	X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	60,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J f	for such individual	-		4		х
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors					-		elat	ed organization or indiv	dual for services		5		X
1	Complete this table for your five highest content the organization. Report compensation for										pens	ation f	rom	
	(A) Name and business	s address	N	INC	E				(B) Description of s	services	C	(Compe		n
											,			
	Total number of independent contractors	(including but r	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ						0		·			Form	990 /	2014)

		Check if Schedule O conf	tains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
or ar	b	Membership dues	1b					
S, E	С	Fundraising events	1c					
a it		D. I. I. I. I. I. I. I. I. I. I. I. I. I.	1d					
3, [0	tions) 1e					
ē		All other contributions, gifts, gran						
ig g	-	similar amounts not included abo		936,478.				
Öğ	g			869,875.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	<u></u>		2,936,478.			
				Business Code				
e	2 a	AFFILIATE ASSES	SSMENTS	561000	566,970.	566,970.		
اه چَ	b							
S Z	С							
e a	d			_			<u>-</u>	
Program Service Revenue	е							
ا تة	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f			566,970.			
\neg	3	Investment income (including	dividends, intere					
	•	other similar amounts)			20,453.			20,453.
	4	Income from investment of ta	x-exempt bond o	oroceeds				
	5	Royalties	,	>				
	Ū		(i) Real	(II) Personal				
	6 a	Gross rents	() 1100	(ii) i Giscinai				
	b	Less rental expenses						
	-	Rental income or (loss)		-				
	ب د	• • •		<u> </u>				
		Net rental income or (loss)	(i) Consumtion					
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	120,880.	17,572.				
	ь	Less. cost or other basis	116 440	20 040				
		and sales expenses	116,448.					
		Gain or (loss)	4,432.		1 064			1 064
		Net gain or (loss)		<u> </u>	1,964.			1,964.
e l	8 a	Gross income from fundraisin						
le/		including \$	of					
Other Reven		contributions reported on line	e 1c) See					
ē		Part IV, line 18	а					
퉏		Less: direct expenses	b	L				
		Net income or (loss) from fund	•					ļ
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
		Less: direct expenses	b					
		Net income or (loss) from gan	-	<u>_</u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	. a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	ie	Business Code				
	11 a						· · · · · · · · · · · · · · · · · · ·	
[b							
ļ	С		-					
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
	12_	Total revenue See instructions.		>	3,525,865.	566,970.	0	
43200 11-07-	9 14							Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, Bb, 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 domestic organizations and domestic governments. See Part IV, line 21	9,747.	9,747.		
2	Grants and other assistance to domestic	<u> </u>	J, 1 = 1 ·		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		•		
	ındıviduals. See Part IV, lines 15 and 16	1,505,373.	1,505,373.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	282,230.	195,033.	68,208.	18,989
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	582,882.	256,865.	176,433.	149,584
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,553.	7,124.	3,792.	3,637
9	Other employee benefits	64,217.	30,833.	20,631.	12,753
10	Payroll taxes	81,339.	40,151.	23,664.	17,524
11	Fees for services (non-employees).				
а	Management				
b	Legal _	15 600	2 252	14 222	
С	Accounting	17,682.	3,350.	14,332.	
	Lobbying .				
е	Professional fundraising services. See Part IV, line 17	2 005		2 005	
f	Investment management fees	3,285.		3,285.	
g	Other. (If line 11g amount exceeds 10% of line 25,	220 652	222 272	44 160	E4 220
	column (A) amount, list line 11g expenses on Sch O.)	320,653.	222,273.	44,160.	54,220
12	Advertising and promotion	40,169.	22,699.	4,712.	12,758
13	Office expenses	40,109.	44,033.	4,/12.	12,730
14	Information technology				
15	Royalties .	51,584.	28,371.	12,380.	10,833
16	Occupancy	150,584.	55,995.	34,747.	59,842
17	Payments of travel or entertainment expenses	130,304.	33,333.	34,747.	33,042
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,719.	19,645.	8,573.	7,501
23	Insurance	7,437.	4,090.	1,785.	1,562
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	102 102	177 000	450	A 7.7
a	TRAINING	183,103.	177,880.	456.	4,767
b	BAD DEBT	52,667. 23,588.	9,253.	52,667. 2,334.	12,001
C	DUES & SUBSCRIPTIONS	13,414.	7,378.	3,219.	2,817
d		13,414.	1,310.	3,413.	
	All other expenses Add lines 1 through 246	3,440,226.	2,596,060.	475,378.	368,788
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	J, 440, 640.	4,390,000.	±13,310•	200,700
26	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				
	II IOIIOWING SOF 80-2 [ASC 830-720]				

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1,700,633. 1,725,907. Cash - non-interest-bearing 4,473. 6,162. 2 Savings and temporary cash investments 2 515,336. 686,867. 3 3 Pledges and grants receivable, net 22,020. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 78,817. 17,993 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 259,696 basis. Complete Part VI of Schedule D 10a 60,462. 45,484. 10c 199,234. 10b b Less accumulated depreciation 793,307. 785,035. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 259,319. 151,674 Other assets See Part IV, line 11 15 15 3,761,672. 3,230,589. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 336,343. 277,622. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 283,485. 0. Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 457,395. 593,778. 25 Schedule D 735,017. 1,213,606. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,943,194. 27 1,767,542. Unrestricted net assets 27 552,378. 780,524. 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 2,495,572. 2,548,066. Total net assets or fund balances 33 3,761,672. 3,230,589. 34 Total liabilities and net assets/fund balances

Form	1990 (2014) MAKE-A-WISH FOUNDATION INTERNATIONAL	86-072	26985	Pag	_{je} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,52	5,8	65.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,440	0,2	26.			
3	Revenue less expenses Subtract line 2 from line 1	3			39.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities 6							
7	Investment expenses	7	-					
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2,548	3,0	66.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis		- -					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit						
	Act and OMB Circular A-133?		3a		_X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

432012 11-07-14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number 86-0726985

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	ıs part.) Se	ee instructions.				
The	organ	zation is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box)					
1		A church, convention of ch					I)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	一	A hospital or a cooperative		·	ection 170	VhV1VΔVii	i)				
4	一	A medical research organiz					•	the hospital's name			
•		city, and state:		.,,			•(•)(•)(•)(•)(•)	,			
_		An organization operated for	or the benefit of a co	illege or university owner	d or opera	ted by a gr	overnmental unit describ	ned in			
5	L	·		niege of differently owner	а от орста	ica by a gi	overnmental unit desent	in a second			
_		section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
0	\mathbf{x}	, ,	_				• •	nublic decembed in			
7	بما	An organization that norma	•	intial part of its support	iioiii a yov	emmemai	unit or nom the general	public described in			
_		section 170(b)(1)(A)(vi). (C		(4)(4)(-i) (Complete Der	4 11 N						
8	님	A community trust describe									
9		An organization that norma	•	•	•		•	•			
		activities related to its exen	•	•	, -		, -	-			
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ired by the organization	arter June 30, 1975.			
		See section 509(a)(2). (Cor	· ·		-f-h. C		201-3143				
10	H	An organization organized a	-	-	-						
11	ш	An organization organized a	•		-						
		more publicly supported or	-	, ,, ,			, ., ,	Sheck the box in			
		lines 11a through 11d that				•	_				
а	L	J Type I. A supporting orga	•	-		-					
		the supported organization	., .		a majority (or trie direc	ctors or trustees of the s	supporting			
	Γ	organization. You must o	•		ف طفید ممید		ad arganization(a) by ba				
b	L	J Type II. A supporting org	· ·					-			
		control or management o			ame perso	nis triat cc	introl of manage the sup	pported			
_		organization(s) You mus	- · · · · · · · · · · · · · · · · · · ·			tion with a	and franctionally intograte	ad with			
С		☐ Type III functionally inte	~	Ī. T.			-	ea with,			
		its supported organization	• • •	•	•	•	·	zation(o)			
d	L-	☐ Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *			
		that is not functionally int	-		-			iveness			
_		requirement (see instruct		•							
е	L,	Check this box if the orga					i Type i, Type ii, Type iii				
e	Ente	functionally integrated, or er the number of supported o	• •	many integrated support	ing organi	Zation					
-		ride the following information	•	ad organization(e)							
9		i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
		organization		(described on lines 1-9	listed i	n your document?	support (see	other support (see			
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)			
				(000 mondottoria))							
				<u> </u>	 -	<u> </u>	<u> </u>				
			_				,				
Tota	. !										
1 Uli	31		L	I		l	l	<u> </u>			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	Π					
	membership fees received. (Do not						
	ınclude any "unusual grants.")	3,857,226.	3,914,958.	4,374,682.	5,039,170.	8,490,077.	25,676,113.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				-		
	furnished by a governmental unit to						
	the organization without charge					_	
4	Total. Add lines 1 through 3	3,857,226.	3,914,958.	4,374,682,	5,039,170.	8,490,077.	25,676,113.
	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)			į			3,773,638.
6	Public support. Subtract line 5 from line 4						21 902 475
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	3,857,226.	3 914 958	4.374.682.	5,039,170,	8,490,077,	25,676,113.
8	Gross income from interest,	3,037,220.	3,314,330.	4,374,002.	3,003,170.	9,130,077,	
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	25,368.	35,970.	31,203.	51,268.	67,459.	211,268.
^	Net income from unrelated business	23,300.	33,370.	31,203.	31,200.	0,7,133.	211/2001
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part VI)				= 10-0		05 007 301
	Total support. Add lines 7 through 10					12 3	25,887,381. ,019,497.
	Gross receipts from related activities	· ·	•				, UI J , U J / •
13	First five years. If the Form 990 is for		tirst, second, tnird	i, tourth, or litth ta	k year as a sectio	11 50 1(0)(3)	▶□
50	organization, check this box and stor ction C. Computation of Publ		rcentage				
				olumn (fl)		14	84.61 %
_	Public support percentage for 2014 (outrin (i))	•	15	89.73 %
15	Public support percentage from 2013 a 33 1/3% support test - 2014. If the			June 12 and June 1	4 to 22 1/204 or n		
168				illie 13, and line 1	4 15 33 17370 01 11	iore, crieck triis be	► X
	stop here. The organization qualifies 33 1/3% support test - 2013. If the			 no 12 or 16a and l	lina 15 ia 22 1/20/	or more, check th	
t					13 13 33 1/3/0	or more, check in	NS 00X
	and stop here. The organization qua				12 160 or 16b	 and line 14 is 1004	or more
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					it villow the organ	
	meets the "facts-and-circumstances"	_					▶ ــــا
t	10% -facts-and-circumstances tes						
	more, and if the organization meets to						·
	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16a	i, 16b, 1/a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization f	fails to
qualify under the tests listed below, please complete Part II)	

ection A. Public Support						
llendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				}		
ınclude any "unusual grants ")						
2 Gross receipts from admissions,			-			
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						,
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organ-						•
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities	·					
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 5					<u> </u>	
'a 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				i		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year]		
c Add lines 7a and 7b						
Public support (Subtract line 7c from line 6)						
ection B. Total Support	• • • • • • • • • • • • • • • • • • • •	<u> </u>				
lendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Amounts from line 6	(a) 2010	(6) 2011	(6) 2012	(u) 2013	(e) 2014	(i) iotai
a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources b Unrelated business taxable income	 					
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·		 			 	
c Add lines 10a and 10b Net income from unrelated business					- 	
activities not included in line 10b,						
whether or not the business is						
regularly carried on Other income. Do not include gain				 	 	
or loss from the sale of capital						
assets (Explain in Part VI)						
Total support. (Add lines 9, 10c, 11, and 12)		1	l			
First five years. If the Form 990 is for	the organization?	s first, second, thii	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	- Cumpart Da		·			▶∟
ection C. Computation of Publi	·				TT	
Public support percentage for 2014 (lii		-	column (f))	•	15	
Public support percentage from 2013					16	
ection D. Computation of Inves			40! (2)		T 4= T	
Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (f))		17	
Investment income percentage from 2					18	
Da 33 1/3% support tests - 2014. If the						l7 is not _ ⊏
more than 33 1/3%, check this box an	•			• • •		►L
b 33 1/3% support tests - 2013. If the	=					
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly sup	ported organization	

Schedule A (Form 990 or 990-EZ) 2014

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

<u></u>	res	NO
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
100		
5a	ļ	
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b n 990 or 99	10-F7	2014
		_~ 17

Sche	dule A (Form 990 or 990-EZ) 2014 MAKE-A-WISH FOUNDATION			86-0726985 Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 See in	structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		<u>, </u>	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		ŀ
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	_		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u>.</u>	
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-integrate	ed Type III supporting	organization (see

instructions)

	dule A (Form 990 or 990-EZ) 2014 MAKE-A-WISH F			6-0726985 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	1
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		 	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		•
	organizations, in excess of income from activity		·	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.			
а				
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			· · · · · · · · · · · · · · · · · · ·
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7			
a				_
_ <u>b</u>	1800			
<u>c</u>	Evenes from 2012			
	Excess from 2013 Excess from 2014			
e	LAUGOO HUHI AV 14	i e	i	1

Schedule A (Form 990 or 990-EZ) 2014

	pplen	nental	Inforr	natio	n. Prov	ıde the	explana	ations re	equired b	y Par	t II, line 10;					line 12.	<u>e 8</u>
PART II,							_	See inst	ructions)	•	==						
THE COLU								<u>Λ</u> ΨΣ	X VE	ΔR	TNCLIII	ов тнг	. ॥ इ	T. 20	114		
CALENDAR																	
INFORMAT																	
INF ORPIAT.	TON	FOR	IUD	E 1517	LIOD	UAM	OAKI		2014	111	moogn	AUGUL	<u> </u>		<u> </u>		
															<u>-</u>		
						·										 	
	_			_	- ,												
					<u>.</u>												
															·- · · · ·		
										-			 		 .		
			_														
													 -				
																	
									-								
		-															
		-															
	·													····			
	<u>.</u>																
															_		
		* • • • • • • • • • • • • • • • • • • •														•	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 vear > Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2014

		WISH FOUNDA								Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histe	orical Tr	easures, o	r Other	Simila	ar Asse	ts (contini	ied)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	are a sigi	nificant i	use of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	d			hange prograi	ms				
b	Scholarly research	е		Other		_				
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ey further ti	ne organizatio	n's exem	pt purpo	se in Parl	t XIII.	
5	During the year, did the organization solicit or		-		•	r simılar a	ssets	,	-	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang		te if the	organızatıo	n answered "`	Yes" to Fo	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for c	ontribution	s or other ass	ets not in	cluded		7	
	on Form 990, Part X?			-	•			. L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for e	scrow or cu	ustodial accou	ınt liability	/?	L.	Yes	No No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete if	the organization ans	wered "	Yes" to Fo	rm 990, Part i					
	-	(a) Current year	(b) Pr	or year	(c) Two years	back (d) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions _						,			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance .				<u> </u>					
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g	, column (a	i)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C	Temporanily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	t are held a	nd administer	ed for the	organız	ation	-	
	by								<u> </u>	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			•					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the		vment fu	unds.						
Par	t VI _ Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	"Yes" to Form 990,	Part IV,	line 11a. S	ee Form 990,	Part X, In	e 10			
	Description of property	(a) Cost or ot		(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
		basis (investm	ent)	basis	(other)	depr	eciation			
1a	Land							[
b	Buildings									
c	Leasehold improvements									
d	Equipment			25	9,696.	(60,40	52.	199	,234.
<u> e </u>	Other	_1								
Total	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part >	K, colum	n (B), line 1	0c.)				199	,234.

Sabadula D	(Earm 000)	2014	
Schedule D	(FOIIII 990)	2014	

	(FOIII 990) 2014	NAVE_W_MIQU	FUUNDA
Part VII	Investments -	Other Securities.	

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part IV, lin		13. ost or end-of-year market value
	(b) BOOK Value	(c) Netriod of Valuation C	ost of end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d See Form 990, Part X, line	
	Description		(b) Book value
(1) DUE FROM AFFILIATES			259,319
(2)			
(3)			
(4)			
(5)			
(6)		<u> </u>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		▶ 259,319.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, lin		X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO AFFILIATES		593,778.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	593,778.	
2. Liability for uncertain tax positions. In Part XIII, provide			atements that reports the

432053 10-01-14 Schedule D (Form 990) 2014

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F		0/26985 Page 4
rai	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	etuii	1-
1	Total revenue, gains, and other support per audited financial statements	1	4,439,096.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	2/105/050
a	1		
b	Donated services and use of facilities 2b 947, 193.	1 1	
С	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d 2,468.]	
е	Add lines 2a through 2d	2e	916,516.
3	Subtract line 2e from line 1	3	3,522,580.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3, 285.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	3,285.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,525,865.
Pai	T XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	m.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		4 204 124
1	Total expenses and losses per audited financial statements	1	4,384,134.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a 947,193.	-	
D	Prior year adjustments 2b	-	
c	Other losses 2c	 	
d	Add lines 2a through 2d	20	947,193.
е 3	Subtract line 2e from line 1	2e 3	3,436,941.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3,430,341.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,285.		
b	Other (Describe in Part XIII)	1	
	Add lines 4a and 4b	4c	3,285.
5		5	3,440,226.
Pa	t XIII Supplemental Information.		
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.	4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:		
THI	E FOUNDATION IS A NOT-FOR-PROFIT CHARITABLE ORGANIZATION W	HIC	H QUALIFIES
AS	A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE	INT	ERNAL
REV	VENUE CODE AND, ACCORDINGLY, NO PROVISION FOR FEDERAL OR S	TAT	E CORPORATE
INC	COME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STA	TEM	ENTS. THE
FOU	INDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTI	ON	UNDER
SEC	CTION 170 OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSI	FIE	D AS AN
ORG	GANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION	509	(A).

MAI	NAGEMENT BELIEVES THAT THE ORGANIZATION HAS NO UNCERTAIN T	XA	POSITIONS
<u>AS</u>	OF AUGUST 31, 2015.		

Schedule D (Form 990) 2014 Part XIII Supplemental Info	MAKE-A-WISH	FOUNDATION	INTERNATIONAL	86-0726985 Page 5
Paπ XIII Supplemental Info	ormation (continued)			
PART XI, LINE 2D -	OTHER ADJUST	MENTS:		
LOSS ON DISPOSAL OF	F PROPERTY ANI	EQUIPMENT		2,468.
		·		
				
			· · · · · · · · · · · · · · · · · · ·	

				·
				
		·		
	·		 	
	<u> </u>			
			_	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

MAKE-A-WISH FOU	NDATTON	INTERNAT	IONAL	86-07269	85
			tside the United States. Compl		
Form 990, Part IV			•	, and the second	
1 For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance o	utside the
United States.					
3 Activities per Region (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of		1 ' '	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
	in the region	independent contractors	services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	investments
	-	in region	recipients located in the region)	Or service(s) in region	in region
CENTRAL AMERICA AND				WISH GRANTING AND	
THE CARIBBEAN	0	00_	PROGRAM SERVICES	TRAINING	1,055.
				L	
EAST ASIA AND THE			DOGDAY GROWING	WISH GRANTING AND	272 624
PACIFIC	0	0	PROGRAM SERVICES	TRAINING	372,634.
				1	
EUROPE (INCLUDING				WISH GRANTING AND	1
ICELAND & GREENLAND)	1	3	PROGRAM SERVICES	TRAINING	793,483,
TCELAND & GREENHAND			I ROSIAN BERVICES	IMINING	733,403,
MIDDLE EAST AND				WISH GRANTING AND	
NORTH AFRICA	o	0	PROGRAM SERVICES	TRAINING	8,882.
					1
				WISH GRANTING AND	
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAINING	524,463.
			1		
	1			WISH GRANTING AND	
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAINING	64,872.
				LUTAN ADDITION NO	
			DROGDAY GERVIAGE	WISH GRANTING AND	05 311
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAINING	95,311.
	1				
	1				
3 a Sub-total	1	3			1,860,700.
b Total from continuation		1			
sheets to Part I	l c	0			0.
c Totals (add lines 3a					
and 3b)	1	3_			1 860 700

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

Schedule F (Form 990) 2014

Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	PROGRAM SERVICES	1 055	WIRE	0	&/N	K/N
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICES		WIRE	0	N/A	N/A
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICES	44,894,	WIRE	0	N/A	N/A
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICES	2 106	WIRE	N. 0	N/A	N/A
		EAST ASIA AND THE	PROGRAM SERVICES	1 400	WIRE	0	A/N	4/Z
		EAST ASIA AND THE	PROGRAM SERVICES		W. W.R.B.		N/A	4. 2
		EAST ASIA AND THE PACIFIC		4 4	WIRE	0	N/A	N/A
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICES	4,134,	WIRE.	0	N/A	N/A
2 Enter total number of the IRS, or for which	f recipient organization the grantee or couns	ons listed above that are sel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	xempt by		39
3 Enter total number of other organizations or entities	f other organizations	or entities					Schec	0 Schedule F (Form 990) 2014

33

Page 2	(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A	4/z	N/A	N/A	N/A	N/A	N/A
f	(h) Description of non-cash assistance	N/A	N/A	N/A	<u>«</u> / ۷	N/A	N/A	N/A	N/A	N/A
26985	(g) Amount of non-cash assistance	*0	0	.0	0	•0	0	3,022.	0	0
86-0726985	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	WIRE	MIRE
ONAL	(e) Amount of cash grant	36,025,	2,896,	629	91,152,	952,	257.	. 772	2,086,	1,495.WIRE
(Form 990) MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985	(d) Purpose of	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES
MAKE-A-WISH FOUNDATI	(c) Region	EAST ASIA AND THE	EAST ASIA AND THE PACIFIC	IA AND THE	(INCLUDING &	ICLUDING	ICLUDING	CLUDING	EUROPE (INCLUDING ICELAND & GREENLAND)	EUROPE (INCLUDING ICELAND & GREENLAND)
MAKE	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	l je									

Schedule F (Form 990) Part II Continuation o	MAKE-	(Form 990) MAKE-A-WISH FOUNDATION of Grants and Other Assistance to Organizations	ATION INTERNATIONAL 86-0726985 trions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	ONAL United States.	86-0726985 (Schedule F (Form 990), Part I	26985 90), Part II, line 1)		Page 2
e l	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	2,799.	WIRE	8,058,N	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	971.	WIRE	17,772.N	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	26,186.	WIRE	37,993,N	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	12,596,	WIRE	8,471,8	N/A	N/A
	- Marian Marian	EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	242.	WIRE	0	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	26,584,	WIRE	N, 706, 9	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	478.	WIRE	1,679.N	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	592.	WIRE	N. 0	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	2,561.	MIRE	13,932.N/A	//&	N/A

Schedule Part II	Schedule F (Form 990) Part II Continuation o	MAKE-	MAKE - A - WISH FOUND and Other Assistance to Organize	(Form 990) MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II)	ONAL Duited States.	86-0726985 Schedule F (Form 990), Part I	26985 90), Part II, line 1)		Page 2
1 (a) Nam	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	1,307,WIRE	vire	N 0	N/A	ه/ <u>۲</u>
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	2,299,	WIRE.	0	N/A	N/A
			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SERVICES	112,011,	WIRE.	55, 476, N	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	PROGRAM SERVICES	2,756,	WIRE	S. 466,N	N/A	N/A
			MIDDLE EAST AND NORTH AFRICA	PROGRAM SERVICES	099	WIRE	<u>v</u>	N/A	N/A
			NORTH AMERICA	PROGRAM SERVICES		WIRE	338,046,N	N/A	N/A
			NORTH AMERICA	PROGRAM SERVICES	784.	WIRE	3,256,N	N/A	N/A
			SOUTH AMERICA	PROGRAM SERVICES	1,765,	WIRE	N, 0	N/A	N/A
			SOUTH AMERICA	PROGRAM SERVICES	35,492,WIRE	WIRE	25, 065, N/A	K.A.	N/A

Page 2	(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A	N/A			
6	(h) Description of non-cash assistance	N/A	N/A	N/A	N/A			
86-0726985 F (Form 990), Part II, line	(g) Amount of non-cash assistance	0,0	0	0	0			
$\frac{86-0.7}{\text{Schedule F (Form 9)}}$	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	WIRE			
ONAL United States	(e) Amount of cash grant	234.	2,316.	93,175.	2,136,			
NATION INTERNATIONAL 86-0726985	(d) Purpose of grant	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES	PROGRAM SERVICES			
(Form 990) MAKE - A - WISH FOUNDATI	(c) Region	SOUTH AMERICA	SOUTH AMERICA	SOUTH ASIA	SOUTH ASIA			
MAKE	(b) IRS code section and EIN (if applicable)							
Schedule F (Form 990) Part II Continuation of) ě							

86-0726985

Page 3

MAKE-A-WISH FOUNDATION INTERNATIONAL

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2014

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2014
(g) Description of non cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Foreign Partnerships (see Instructions for Form 8865)

for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2014

Yes

Yes X No

X No

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:
MAKE-A-WISH FOUNDATION INTERNATIONAL (FOUNDATION) IS COMMITTED TO
SUPPORTING AFFILIATES'/CHAPTERS' DETERMINATION FOR LONG TERM
SUSTAINABILITY. FOUNDATION ACCEPTS GRANT APPLICATIONS, DESIGNATIONS, OR
ASSISTANCE REQUESTS FROM AFFILIATES/CHAPTERS FOR FUNDING THAT HELPS TO
BUILD CAPACITY INTO THEIR ORGANIZATION, SPECIFICALLY IN REGARD TO PROGRAM
SERVICES. THESE GRANT AND ASSISTANCE OPPORTUNITIES ARE AVAILABLE FOR
AFFILIATES/CHAPTERS WHO DEMONSTRATE AN OPERATIONAL AND FINANCIAL NEED. A
GRANT APPLICATION OR REQUEST IS SUBMITTED TO A COMMITTEE FOR REVIEW AND
POTENTIAL APPROVAL. PROPOSALS MUST DEMONSTRATE, QUANTITATIVELY AND
QUALITATIVELY, A CLEAR NEED FOR RESOURCES TO ASSIST IN THE GROWTH AND
SUSTAINABILITY OF PROGRAM SERVICES. ANNUAL REPORTS AND/OR MEETINGS ARE
REQUIRED TO PROVIDE PROJECT UPDATES, CHALLENGES, SUCCESSES, AND FUNDING
STATUS. RECORDS ARE MAINTAINED TO SUBSTANTIATE THE AMOUNT OF GRANT OR
ASSISTANCE, ELIGIBILITY DETAILS, SELECTION PROCESS, AND REPORTING
REQUIREMENTS.
PART I, LINE 3:
ACCRUAL METHOD

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

2008 No. 1545-0047

2014 Open to Public Inspection Employer Identification number

Schedule I (Form 990) (2014) **2** 86-0726985 (h) Purpose of grant or assistance PROGRAM SERVICES X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 9.747 MAKE-A-WISH FOUNDATION INTERNATIONAL Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) Enter total number of other organizations listed in the line 1 table 86-0481941 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MAKE-A-WISH FOUNDATION OF AMERICA 4742 N 24TH STREET, SUITE 400 or government PHOENIX AZ 85016 Part I Part II

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. MAKE-A-WISH FOUNDATION INTERNATIONAL Schedule I (Form 990) (2014) Part III

Page 2.

86-0726985

(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
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
PART I, LINE 2:					
MAKE-A-WISH FOUNDATION INTERNATIONAL	\dashv	FOUNDATION) IS	COMMITTED	TO	
SUPPORTING AFFILIATES'/CHAPTERS' D	ETERMINA'	DETERMINATION FOR LONG	ONG TERM		:
SUSTAINABILITY. FOUNDATION ACCEPTS GRANT		APPLICATIONS	S, DESIGNATIONS	TIONS, OR	
ASSISTANCE REQUESTS FROM AFFILIATES/CHAPTERS	S/CHAPTE	FOR	FUNDING THAT HELPS	HELPS TO	
BUILD CAPACITY INTO THEIR ORGANIZATION,		SPECIFICALLY IN	IN REGARD	REGARD TO PROGRAM	
SERVICES. THESE GRANT AND ASSISTANCE	ICE OPPOR	OPPORTUNITIES A	ARE AVAILABLE	LE FOR	

AFFILIATES/CHAPTERS WHO DEMONSTRATE AN OPERATIONAL AND FINANCIAL NEED. A

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

MAKE-A-WISH FOUNDATION INTERNATIONAL

Inspection

Name of the organization

Employer identification number 86-0726985

Par	rt I Types of Property										
			a) eck if	(b) Number of	(c) Noncash cont	ribution		(d) Method of det	armını	na.	
			cable	contributions or	amounts repo			cash contribut			S
				items contributed	Form 990, Part V	/III, line 1g					
1	Art - Works of art										
2	Art · Historical treasures										
3	Art - Fractional interests										
4	Books and publications							- <u>-</u>			
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes				,						
8	Intellectual property									<u>-</u>	
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	. [
17	Real estate - Other										
18	Collectibles										
19	Food inventory .										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other (GOODS) 🔀	(166	666,	817.	FAIR	MARKET	VA)	LUE	
26	Other (AIRLINE MI	LES) X		55	203,	,058.	FAIR	MARKET	VA	LUE	
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by	the organization	durin	g the tax year for c	contributions						
	for which the organization complete	d Form 8283, Pa	art IV,	Donee Acknowled	gement	29				0	
								_		Yes	No
30a	During the year, did the organization	receive by con	tributi	on any property rep	ported in Part I, lir	nes 1 throu	gh 28, th	at it	İ		
	must hold for at least three years fro	om the date of th	ne initi	al contribution, and	d which is not requ	uired to be	used for		- 1	ł	
	exempt purposes for the entire hold	ing period?						[30a		X
ь	If "Yes," describe the arrangement i	n Part II									
31	Does the organization have a gift ac		that r	equires the review	of any non-standa	ard contrib	utions?		31	х	
	Does the organization hire or use th										
	contributions?	·			•				32a		X
b	If "Yes," describe in Part II		•			•					
33	If the organization did not report an	amount in colun	nn (c)	for a type of prope	rty for which colu	mn (a) is ch	ecked,				
	describe in Part II.		` '								
LHA		otice, see the l	nstruc	tions for Form 99	ю.			Schedule M (Form	990) (2014)

Schedule M (Form 990) (2014) MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE ORGANIZATION IS REPORTING THE NUMBER OF GOODS CONTRIBUTED AND THE
NUMBER OF AIRLINE MILE CONTRIBUTORS IN COLUMN (B).
432142 08-12-14 Schedule M (Form 990) (2014

432142 08-12-14

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MAKE-A-WISH FOUNDATION INTERNATIONAL

Employer identification number 86-0726985

Schedule O (Form 990 or 990-EZ) (2014)

THREE IT WIDEL I COMMITTION TRIBUMITION IN COMMITTEE COM
FORM 990, PART I, LINE 1
THE MAKE-A-WISH FOUNDATION'S MISSION IS TO GRANT THE WISHES OF CHILDREN
WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE
WITH HOPE, STRENGTH AND JOY.
FORM 990, PART VI, SECTION A, LINE 1:
THE EXECUTIVE COMMITTEE INCLUDES THE VOTING OFFICERS OF THE FOUNDATION AND
THE CHIEF EXECUTIVE OFFICER. THE COMMITTEE'S SCOPE IS TO ASSIST THE
FOUNDATION'S BOARD IN FULFILLING ITS STRATEGIC RESPONSIBILITIES AND TO
ADDRESS AND DEVELOP DISCUSSION ON STRATEGIC ISSUES.
FORM 990, PART VI, SECTION A, LINE 6:
THE FOUNDATION HAS AFFILIATE MEMBERS. AN AFFILIATE IS AN "ELIGIBLE
AFFILIATE" IF SUCH AFFILIATE (I) IS NOT A PROVISIONAL AFFILIATE, (II) IS
NOT ON AFFILIATE RESTRUCTURING STATUS (AS DEFINED IN THE AFFILIATION AND
LICENSING AGREEMENT) AND, (III) HAS NOT FAILED TO CURE AN AFFILIATE BREACH
(AS DEFINED IN THE AFFILIATION AND LICENSING AGREEMENT) UPON WRITTEN NOTICE
THEREOF FROM THE FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE AFFILIATE COUNCIL IS COMPRISED OF AFFILIATE MEMBERS. AN ACTION OF THE
AFFILIATE COUNCIL SHALL BE DETERMINED BY A MAJORITY OF THE VOTES OF
DELEGATES OF ELIGIBLE AFFILIATES VOTING AT A MEETING OF THE AFFILIATE
COUNCIL AT WHICH A QUORUM IS PRESENT, EXCEPT AS IS OTHERWISE PROVIDED IN
THE ARTICLES OF INCORPORATION OR IN THE FOUNDATION'S BYLAWS.

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

Name of the organization MAKE-A-WISH FOUNDATION INTERNATIONAL	Employer identification number 86-0726985
A MINIMUM OF SEVEN AND A MAXIMUM OF 13 GOVERNING BOX	DY MEMBERS (BOARD OF
DIRECTORS) ARE REQUIRED TO BE MEMBERS FROM THE AFFI	LIATE COUNCIL. A MINIMUM
OF SEVEN DIRECTORS ARE APPOINTED BY THE AFFILIATES.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE AFFILIATE COUNCIL HAS THE FOLLOWING RIGHTS:	
- APPROVE THE FOUNDATION'S FINANCIAL STATEMENTS, I	NCLUDING THE RIGHT TO
REVIEW THE FOUNDATION'S BUDGET AT THE ANNUAL MEETING	G;
- DETERMINE, APPROVE, AND LEVY UPON AFFILIATES FEE	S AND ASSESSMENTS;
- ELECT MEMBERS OF THE NOMINATING COMMITTEE;	
- AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF	F THE FOUNDATION AND THE
RIGHT TO AMEND THE AFFILIATION AND LICENSING AGREEM	ENT OF ALL EXISTING AND
FUTURE AFFILIATES, SUBJECT TO SPECIFIC APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE AUDIT, FINANCE AND INVESTMENT COMMITTEE ASSISTS	THE FOUNDATION'S BOARD
OF DIRECTORS IN FULFILLING ITS RESPONSIBILITIES REL	ATING TO OVERSIGHT OF
THE FOUNDATION'S FINANCIAL STATEMENTS, FINANCIAL RE	PORTING PROCESS, SYSTEMS
OF INTERNAL ACCOUNTING AND FINANCIAL CONTROLS, ANNUA	AL INDEPENDENT AUDIT,
AND RISK MANAGEMENT PROCESSES. THE BOARD OF DIRECTOR	RS REVIEWS AND APPROVES
THE FORM 990 TAX RETURN AFTER THE AUDIT, FINANCE, A	ND INVESTMENT COMMITTEE
HAS COMPLETED THEIR REVIEW PROCESS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL EMPLOYEES AND VOLUNTEERS ARE REQUIRED TO COMPLY	WITH OUR CONFLICT OF
INTEREST AND ETHICS STATEMENT, WHICH IS REVIEWED AS 432212 608-27-14	NEW RELATIONSHIPS ARE Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization Employer identification number MAKE-A-WISH FOUNDATION INTERNATIONAL 86-0726985 ESTABLISHED. ANNUALLY THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST AND ETHICS STATEMENT IN WHICH THEY AGREE TO BE BOUND BY ITS PROVISIONS. IF ANY COVERED PERSON DISCLOSES A POTENTIAL OF ACTUAL CONFLICT, THE FOLLOWING PROCEDURE IS FOLLOWED: THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, THE COVERED PERSON RESPONDS TO ANY FACTUAL QUESTIONS FROM THE BOARD RELATED TO THE DISCLOSED CONFLICT, AND THE BOARD, WITHOUT THE COVERED PERSON PRESENT, DISCUSSED THE CONFLICT AND APPROVES OR DISAPPROVES THE PROPOSED TRANSACTION. BOARD REVIEW AND DISCUSSION IS DOCUMENTED IN THE MEETING MINUTES. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL PERFORMANCE AND DEVELOPMENT REVIEW OF THE CEO. THE PURPOSE OF THE PERFORMANCE AND DEVELOPMENT REVIEW IS TO PROVIDE A COMMUNICATION TOOL FOR BOARD MEMBERS AND CEO TO MUTUALLY DEFINE JOB EXPECTATIONS (GOALS & OUTCOMES), EVALUATE AND RECOGNIZE PERFORMANCE, AND HELP DEVELOP PARTICIPANTS TO THEIR FULLEST POTENTIAL. COMPENSATION IS ALSO REVIEWED AND COMPARED TO SIMILAR ORGANIZATIONS USING SALARY AND BENEFITS SURVEYS. THE REVIEW IS INTENDED TO SUPPORT THE MISSION, VALUES AND GOALS OF MAKE-A-WISH FOUNDATION INTERNATIONAL. THE PROCESS UTILIZING REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION WAS LAST UTILIZED IN 2015 FOR THE CEO.

THE CEO CONDUCTS AN ANNUAL PERFORMANCE AND DEVELOPMENT REVIEW OF THE OTHER OFFICERS AND KEY EMPLOYEES. THE PURPOSE OF THE PERFORMANCE AND DEVELOPMENT REVIEW IS TO PROVIDE A COMMUNICATION TOOL FOR EMPLOYEE AND CEO TO MUTUALLY Schedule O (Form 990 or 990-EZ) (2014)