		_	SE	CTION 512(A	1)(7	) REPEAL					
Form	990-T	Exempt Organization Business Income Tax Return OMB No 1545-0687									
•			, (a	MSI.	2040						
		For cal	lendar year 2018 or other tax ye	<u>9</u>	2018						
	ment of the Trea@ury	_		.irs.gov/Form990T for it				- }	Open to Public Inspection for 501(c)(3) Organizations Only		
	Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).    Name of organization ( Check box if name changed and see instructions.)   DEmployer identification number (Employees' trust see								
A LA	Check box if address changed		Name of organization ( L MAKE-A-WISH	(Emp	loyees' trust, see						
<b>D</b> Ev	empt under section	Print	OF OREGON	1	2-0385049						
	501(c) 3 )	or	Number, street, and room	n or suite no. If a P.O. ho	Y SEE I	nstructions		E Unrel	ated business activity code		
	408(e) 220(e)	Туре	5901 S.W. M					(See i	nstructions)		
	408A 530(a)		City or town, state or pro			<del></del>		1			
	529(a)		PORTLAND, O			•					
C Book	value of all assets		F Group exemption num	ber (See instructions.)	<b></b>						
	2,980,3	03.	G Check organization typ		poratio	n 501(c) trust	401(a)	trust	Other trust		
H Ente	er the number of the o	organiza	tion's unrelated trades or l	ousinesses. 🕨	_		e the only (or first) uni				
	e or business here 🕨						, complete Parts I-V.				
			ce at the end of the previous	us sentence, complete Pa	arts I ar	id II, complete a Schedu	le M for each addition	al trade	e or		
	ness, then complete				-4	whom a particular discount	<del></del>		es X No		
			oration a subsidiary in an a	• • •	nt-subs	idiary controlled group?		Ye	S LA NO		
			LAURA REUNER			Teleni	none number 🕨 (	503	) 292-2280		
			de or Business Inc			(A) Income	(B) Expenses		(C) Net		
	Gross receipts or sale		<del></del> -				<u> </u>	_			
b L	ess returns and allov	wances		c Balance	1c				**		
2 0	Cost of goods sold (S	chedule	A, line 7)		2						
<b>3</b> G	Gross profit. Subtract	line 2 fr	om line 1c		3						
	Capital gain net incom	•		•	4a						
			art II, line 17) (attach Form	4797)	4b						
	apital loss deduction				4c						
	, ,	•	thip or an S corporation (a	ttach statement)	5		<del></del> -				
	tent income (Schedul Inrelated debt-finance	•	ne (Schadula E)		6   7		<del> </del> -				
			nd rents from a controlled	organization (Schedule F)	8		<del> </del>				
•			n 501(c)(7), (9), or (17) o	•	$\overline{}$						
_	xploited exempt activ			922 (20022 2)	10		-		<del> </del>		
1	dvertising income (S		•		11	_					
12 0	Other income (See ins	struction	s; attach schedule)		12						
	otal. Combine lines				13	0.					
Part	<u>III</u> Deduction	ns No	t Taken Elsewher	<b>e</b> (See instructions for	or limita	ations on deductions	)				
	(Except for c	contribu	ectors, and trustees (Sche	be directly connecte	a with	The unrelated busines	ss income )				
		icers, dir	ectors, and trustees (Sche	dule K)	KE	78		14	<u> </u>		
	Salaries and wages Repairs and maintena	2000		lm[		0 4 2020 101		15 16	<del></del> .		
	Bad debts	ance		34	(AM	0 4 2020 SS	ŀ	17	<del></del>		
	Interest (attach sched	dule) (se	e instructions)	16		DEN, UT	ľ	18			
	Taxes and licenses	/ (	· · · · · · · · · · · · · · · · · · ·	1	OG	DEN, UT		19			
20	Charitable contributio	ons (See	instructions for limitation		***************************************		Ī	20			
21	Depreciation (attach f	Form 45	62)			21					
22	Less depreciation cla	imed on	Schedule A and elsewhere	e on return		22a		22b			
23	Depletion							23			
	Contributions to defe		npensation plans				ļ	24			
	Employee benefit pro	-					.	25			
	Excess exempt expen	•	•					26			
	Excess readership co		•				}	27	_ <del></del>		
	Other deductions (att		•				}	28 29	0.		
	Total deductions. Ad Incelated business ta		r4 through 28 come before net operating	loss deduction. Subtrac	t line 26	a from line 13	}	30	<del></del>		
			oss arising in tax years beg				ţ	31	<del></del>		
	-	_	come. Subtract line 31 fro	<del>-</del>	., .,	(out mondonon)	ļ ,	32	0.		
			work Reduction Act Notice						Form <b>990-T</b> (2018)		

	MAKE-A-WISH FOUNDATION	00 0005040	_				
Form 990-	01.2001	82-0385049	Page				
Part I	<del></del>						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0				
34	Amounts paid for disallowed fringes	34					
35							
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
	lines 33 and 34	36	1 000				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 37	1,000				
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		0				
Г <del>р і</del>	enter the smaller of zero or line 36		0				
	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶   39	0				
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_  -\-					
	Tax rate schedule or Schedule D (Form 1041)	<b>40</b>					
41	Proxy tax. See instructions						
42	Alternative minimum tax (trusts only)	42					
43	Tax on Noncompliant Facility Income. See instructions	43	0				
44 Dord 1	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies						
Part \	<del></del>	<del></del>	<del></del>				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a  Other credits (see instructions)  45b	<del></del>					
	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<del></del>					
		<del></del>					
	Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 45a through 45d	450					
46	Subtract line 45e from line 44	45e	0.				
47		ttach schedule) 47					
48	Total tax. Add lines 46 and 47 (see instructions)	48	0 .				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.				
	Payments: A 2017 overpayment credited to 2018	10					
	2018 estimated tax payments 51 6 50b	3,682.					
	Tax deposited with Form 8868 50c	3,002.					
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	<del></del>					
	Backup withholding (see instructions)  50e	<del></del>					
	Credit for small employer health insurance premiums (attach Form 8941)  50						
	Other credits, adjustments, and payments: Form 2439						
•	☐ Form 4136 ☐ Other Total ► 50g	'					
51	Total payments. Add lines 50a through 50g	5/1	3,682				
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53					
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	SS ▶ 54	3,682.				
55		unded 55	3,682				
Part \							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here <b>&gt;</b>		<u> </u>				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	X				
	If "Yes," see instructions for other forms the organization may have to file.	-					
			1 1				

_ 58	Enter the amount of tax-exempt interest re	ceived or accrued during the tax year	\$	_				
Sign Here		e examined this return, including accompanying (other than taxpayer) is based on all information Date		wledge	May the IRS discuss this return with the preparer shown below (see instructions)? Yes No			
Paid	Print/Type preparer's name  GARY MCGEE	Preparer's signature	Date 4/8/20	Check self- employed	of PTIN d P00743279			
Prepar Use O		IF I SOUNDY MOODER COOTER IN I						
	1000 S Firm's address ► PORTLA	.W. BROADWAY, SUIT ND, OR 97205	E 1200	Phone no.	(503) 222-2515			
822711 01.	.09-19				Form 990-T (201			

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, N

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	<u> </u>				
1 Inventory at beginning of year	1 1	·	6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. Si	ubtract	line 6			-
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquire	d for resale) apply to			.[
5 Total. Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	pert	y) 	
Description of property		•						
(1)		<u> </u>						
(2)	-							
(3)								
(4)								
		ed or accrued			2/a) Dadustians diseath		ated with the receme	
(a) From personal property (if the property is more than 50% but not more than 50%	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) a		attach schedule)	ırı	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns		iter			(b) Total deductions.  Enter here and on page 1,			
here and on page 1, Part I, line 6, colum		<u> </u>		<u> 0.</u>	Part I, line 6, column (B)	<u> </u>	<u></u>	<u> </u>
Schedule E - Unrelated De	bt-Financed	l Income (see	instructions)					
			2. Gross income from		<ol><li>Deductions directly cor to debt-finant</li></ol>			
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation	Ť	(b) Other deduction	ns
71 3000 p.ion 5. 300.	manood property		ilitaticed property		(attach schedule)		(attach schedule)	
	****					+-		
(1)						+-		
(2)			<del> </del>	<del>                                     </del>	<del>-</del>	+		
(3)	<del> </del>	<del></del>	<del> </del>	<del>                                     </del>		+	<del></del> ,	
(4)	1 .				7 -	+-	•	
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or debt-fina	adjusted basis allocable to inced property in schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)	<del>                                     </del>		- %			+		
(2)		<del></del>	%		<del>-</del>	<b>—</b>		
(3)			%					
(4)			%			$\top$		-
	•	_	•		nter here and on page 1, Part I, line 7, column (A)		inter here and on pag Part I, line 7, column (	
Totals			<b>.</b>		0			0.
Total dividende-received deductions u	naludad in aalumi	. 0			<del></del>	+		<del>~</del>

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				Exempt (	Controlled O	rganızatı	ons					
1. Name of controlled organization		2. Employer identification number		3. Net unrelated income (loss) (see instructions)		4. Tot payn	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5	
(1)	<del> </del>	<u>-</u>		†				_			<del></del>	
(2)					_							
(3)					-				_			
(4)	<del></del>						-				-	
Nonexempt Controlled Organia	zations			<u> </u>	·						<del>-</del>	
7. Taxable income		inrelated incom see instructions		9. Total	of specified payi made	nents	10. Part of column the controllingross	nn 9 tha ng orga income	nization's	11. De with	ductions directly connected n income in column 10	
(1)				1					_			
(2)												
(3)		. =		1	<u> </u>						1.	
(4)				1							_	
						_	Add colun Enter here and line 8, c	on pag	e 1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
<b>Fotals</b>						<b>▶</b>			0.		0 .	
Schedule G - Investme	nt Inco	me of a	Section	n 501(c)(	7), (9), or	(17) Or	ganization					
(see instr	ructions)				·				1			
1. Descr	ription of inco	me			2. Amount of	income	<ol> <li>Deduction directly connect (attach sched)</li> </ol>	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)												
<del></del> -				•	Enter here and o Part I, line 9, co			•			Enter here and on page 1 Part I, line 9, column (B)	
<b>Totals</b>				▶		0.					0.	
Schedule I - Exploited (see instru	-	Activity	Incom	e, Other	Than Ad	vertisi	ng Income	•				
					4. Net incom	e (loss)	-		_		<b>.</b>	
Description of exploited activity	2. G unrelated income trade or t	e from	directly of with proof uni	penses connected oduction related as income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	_											
(2)												
(3)		1										
(4)												
	Enter her page 1, line 10,	, Part I,	page 1	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26	
[otals ▶		0.		0.						_	0.	
Schedule J - Advertisir	ng Incor	<b>ne</b> (see in	struction	ns)								
Part I Income From F	Periodic	als Repo	orted o	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	1 2 minus in, compute	5. Circulati	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			$\top$	<u>_</u>			<u> </u>				<del></del>	
(2)	-+		$\top$	<u> </u>	,							
(2)			+		7		-		-			
(4)	<del></del>		<del>                                     </del>		┪					$\dashv$		
· /			+-								·	
Totals (carry to Part II, line (5))		ſ	<b>.</b> .[	0						ĺ	0.	

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Part II	Income From	m Periodicals Re	eported on a	Separate Basis	(For each periodical listed i	n Part II, fill in
	columns 2 throu	ugh 7 on a line-by-line	basis)			

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						<u> </u>	
(2)	1				<del></del> -		
(3)	_						
(4)	-	<del></del>					
Totals from Part I	▶	0.	0.		-		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	1 ·   ′ · ·			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	•
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

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