

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2014

Department of the Treasury 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.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 09/01, 2014, and ending 08/31, 2015

Form sections B through K: B Check if applicable; C Name of organization MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST & LOUISIANA, INC.; D Employer identification number 76-0116615; E Telephone number (281) 491-9474; G Gross receipts \$ 5,836,890; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.TEXGULF.WISH.ORG; K Form of organization: X Corporation; L Year of formation: 1984; M State of legal domicile: TX

Part I Summary

Table with 3 main columns: Activities & Governance (lines 1-6), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes a 'COPY FOR PUBLIC INSPECTION' stamp.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature block section with fields for Sign Here (Signature of officer, Date, Type or print name and title), Paid Preparer Use Only (Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.)

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Part 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 OF THE TEXAS GULF COAST AND LOUISIANA, INC. GRANTS THE WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 (Code: ) (Expenses \$ 4,598,838. including grants of \$ 4,005,567. ) (Revenue \$ 0 )

MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA, INC. GRANTS THE WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY. THE FOUNDATION GRANTED 446 WISHES AT AN AVERAGE WISH COST OF APPROXIMATELY \$9,400 DURING THE FISCAL YEAR ENDING AUGUST 31, 2015. FOR MORE INFORMATION PLEASE VISIT OUR WEBSITE AT WWW.TEXGULF.WISH.ORG.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,598,838.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding financial reporting, compensation, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.



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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (36), 1b (36), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

MELISSA HENDERSON 12625 SOUTHWEST FREEWAY STAFFORD, TX 77477

281-491-9474

**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.

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

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DAVID AINSWORTH<br>CHAIRMAN            | 1.00<br>0  | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (2) CHARLES GIRAUD<br>SECRETARY            | 1.00<br>0  | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) DAN BELLOW<br>DIRECTOR                 | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) STEPHANIE BUCHANAN<br>VICE CHAIRMAN    | 1.00<br>0  | X  |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5) SUSAN COX<br>DIRECTOR                  | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) BRUCE CULPEPPER<br>DIRECTOR            | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) JOHN ESSLINGER<br>DIRECTOR (TERM 8/15) | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) LEVI GOODE<br>DIRECTOR                 | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) LAUREN HEBERT<br>DIRECTOR (TERM 8/15)  | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) JASON KOHLL<br>DIRECTOR               | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) GREG LARSEN<br>DIRECTOR               | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) CHRISSY MAFRIGE<br>DIRECTOR           | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) STEPHEN PARKER<br>DIRECTOR            | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) JEFF REIMBERT<br>DIRECTOR             | 1.00<br>0  | X  |                       |         |              |                              |        | 0  | 0   | 0   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for Laurie Schaub, Ken Simon, Rick Stein, Aaron Thielhorn, Andrew Veres, Bill Windham, Scott Schwinger, Rick Kolencik, Matthew Acock, Ben Broussard, and Dwane Broussard.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for independent contractors.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| 26) CAROLYN COLIAS<br>-----<br>DIRECTOR                                  | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 27) JOHN CROLEY<br>-----<br>DIRECTOR                                     | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 28) KEN DUNN<br>-----<br>DIRECTOR  | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 29) ANTHONY NEVOTTI<br>-----<br>DIRECTOR (TERM 8/15)                     | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 30) BO REILY<br>-----<br>DIRECTOR  | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 31) MARK SHULTS<br>-----<br>DIRECTOR                                     | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 32) JOHN SOUSA<br>-----<br>DIRECTOR                                      | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 33) JACKIE WOLF<br>-----<br>DIRECTOR                                     | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 34) WALTER FITZGERALD<br>-----<br>DIRECTOR                               | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 35) BONNIE HELLUMS<br>-----<br>DIRECTOR                                  | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| 36) CHRIS JONES<br>-----<br>DIRECTOR                                     | 1.00<br>-----<br>0   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include MATT BRAND, RON BURNISKE, JAKE JACQUES, TERESA ANDREPONT, MELISSA HENDERSON, and CATHY ANDERSON.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row is present, but no data rows are filled.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

**Part VIII Statement of Revenue**

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

|   |  |  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|--|----------------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                         | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>  | 41,992.              |                      |  |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>  |                      |                      |  |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>  |                      |                      |  |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>  |                      |                      |  |   |  |
|   | <b>e</b> Government grants (contributions), . . . . .  | <b>1e</b>  |                      |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | <b>1f</b>  | 4,308,484.           |                      |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .   |  | 941,357.             |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |  |                      | 4,350,476.           |  |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> _____ <b>Business Code</b>   |  |                      |                      |  |   |  |
|   | <b>b</b> _____   |  |                      |                      |  |   |  |
|   | <b>c</b> _____   |  |                      |                      |  |   |  |
|   | <b>d</b> _____   |  |                      |                      |  |   |  |
|   | <b>e</b> _____   |  |                      |                      |  |   |  |
|   | <b>f</b> All other program service revenue . . . . .   |  |                      |                      |  |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |  |                      | 0                    |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . . ▶  |  |                      | 334,488.             |  |   | 334,488.   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶  |  |                      | 0                    |  |   |  |
|   | <b>5</b> Royalties . . . . . ▶   |  |                      | 0                    |  |   |  |
|   | <b>6a</b> Gross rents . . . . .  | (i) Real   | (ii) Personal        |                      |  |   |  |
|   |  | <b>b</b> Less: rental expenses . . . . .                           |                      |                      |  |   |  |
|   |  | <b>c</b> Rental income or (loss) . . . . .                         |                      |                      |  |   |  |
|   |  | <b>d Net rental income or (loss)</b> . . . . . ▶                   |                      |                      | 0  |   |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | (ii) Other           |                      |  |   |  |
|   |  | 376,439.   | 768,000.             |                      |  |   |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      |                      |  |   |  |
|   |  | 262,024.   | 247,081.             |                      |  |   |  |
|   | <b>c</b> Gain or (loss) . . . . .  |  |                      |                      |  |   |  |
|   | 114,415.   | 520,919.   |                      |                      |  |   |  |
|   | <b>d Net gain or (loss)</b> . . . . . ▶  |  |                      | 635,334.             |  |   | 635,334.   |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |  |                      |                      |  |   |  |
| <b>b</b> Less: direct expenses . . . . . <b>b</b>   |  |  |                      |                      |  |   |  |
| <b>c Net income or (loss) from fundraising events</b> . . . . . ▶                         |  |  |                      | 0                    |  |   |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b> |  |  |                      |                      |  |   |  |
|   | <b>b</b> Less: direct expenses . . . . . <b>b</b>  |  |                      |                      |  |   |  |
|   | <b>c Net income or (loss) from gaming activities</b> . . . . . ▶   |  |                      | 0                    |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b>    |  |  |                      |                      |  |   |  |
|   | <b>b</b> Less: cost of goods sold . . . . . <b>b</b>   |  |                      |                      |  |   |  |
|   | <b>c Net income or (loss) from sales of inventory</b> . . . . . ▶  |  |                      | 0                    |  |   |  |
| <b>Miscellaneous Revenue</b>  |  |  | <b>Business Code</b> |                      |  |   |  |
| <b>11a</b> CREDIT CARD REBATES  |  | 900099   |                      | 7,487.               |  | 7,487.                                  |  |
| <b>b</b> _____  |  |  |                      |                      |  |   |  |
| <b>c</b> _____  |  |  |                      |                      |  |   |  |
| <b>d</b> All other revenue . . . . .  |  |  |                      |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶   |  |  |                      | 7,487.               |  |   |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                                     |  |  |                      | 5,327,785.           |  | 977,309.                                |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 350,000.              | 350,000.                        |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 3,655,567.            | 3,655,567.                      |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 0                     |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0                     |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 345,338.              | 119,642.                        | 155,592.                               | 70,104.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                     |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 273,833.              | 190,992.                        | 17,615.                                | 65,226.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 47,763.               | 20,642.                         | 16,864.                                | 10,257.                     |
| 9 Other employee benefits . . . . .  | 17,281.               | 10,428.                         | 2,413.                                 | 4,440.                      |
| 10 Payroll taxes . . . . .   | 36,472.               | 19,637.                         | 9,098.                                 | 7,737.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0                     |                                 |  |                             |
| b Legal . . . . .  | 0                     |                                 |  |                             |
| c Accounting . . . . .   | 0                     |                                 |  |                             |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.   | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 50,415.               |                                 | 50,415.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 10,558.               | 3,652.                          | 5,439.                                 | 1,467.                      |
| 12 Advertising and promotion . . . . .   | 38,633.               |                                 |  | 38,633.                     |
| 13 Office expenses . . . . .   | 34,776.               | 20,719.                         | 4,872.                                 | 9,185.                      |
| 14 Information technology . . . . .  | 4,281.                | 2,483.                          | 728.                                   | 1,070.                      |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 36,510.               | 21,175.                         | 6,207.                                 | 9,128.                      |
| 17 Travel . . . . .  | 4,619.                | 2,557.                          | 749.                                   | 1,313.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 5,501.                | 3,191.                          | 935.                                   | 1,375.                      |
| 20 Interest . . . . .  | 0                     |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 112,493.              | 88,870.                         | 11,249.                                | 12,374.                     |
| 22 Depreciation, depletion, and amortization . . . . .   | 110,751.              | 64,235.                         | 18,828.                                | 27,688.                     |
| 23 Insurance . . . . .   | 0                     |                                 |  |                             |
| 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.)   |                       |                                 |  |                             |
| a REPAIRS AND MAINTENANCE -----  | 11,513.               | 6,678.                          | 1,957.                                 | 2,878.                      |
| b AWARDS -----   | 41,388.               | 18,970.                         | 5,560.                                 | 16,858.                     |
| c EDUCATION -----  | 2,409.                | 1,433.                          | 395.                                   | 581.                        |
| d OTHER EXPENSES -----   | -755.                 | -2,032.                         | 2,004.                                 | -727.                       |
| e All other expenses -----   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 5,189,346.            | 4,598,838.                      | 308,191.                               | 282,317.                    |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0                     |                                 |  |                             |

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows 10a, 10b, 10c and checkboxes for SFAS 117 (ASC 958).



**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 5,327,785.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,189,346.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 138,439.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 13,391,150. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -787,695.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0           |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -28,418.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 12,713,476. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST & LOUISIANA, INC.

Employer identification number 76-0116615

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes rows (A) through (E) and a Total row.

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

Schedule A (Form 990 or 990-EZ) 2014

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.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2014 (70.12%); 15 Public support percentage from 2013 Schedule A, Part II, line 14 (77.66%); 16a 33 1/3% support test - 2014 (checked); 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

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 fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2014, 2013. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2013 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2014, 2013. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| 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)? <i>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.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 7 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 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)? <i>If "Yes," answer (b) below.</i>   |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes         | No |
|--|-------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |             |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>   | <b>3</b> |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3  | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |  |   | 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                                       | <b>Distributable Amount.</b> 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-functionally-integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 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 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the 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  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>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:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d   |                             |  |   |
| e From 2013 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2014 distributable amount  |                             |  |   |
| i Carryover from 2009 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2014 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2014 distributable amount  |                             |  |   |
| c 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 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d Excess from 2013 . . . . .  |                             |  |   |
| e Excess from 2014 . . . . .  |                             |  |   |

---

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

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

### Schedule of Contributors

OMB No. 1545-0047

# 2014

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| <b>Name of the organization</b><br>MAKE-A-WISH FOUNDATION OF THE TEXAS<br>GULF COAST & LOUISIANA, INC. | <b>Employer identification number</b><br>76-0116615 |
|--|---|

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

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



|   |   |
|---|---|
| <b>Name of organization</b> MAKE-A-WISH FOUNDATION OF THE TEXAS<br>GULF COAST & LOUISIANA, INC. | <b>Employer identification number</b><br>76-0116615 |
|---|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 198,264.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          |                                   | \$ 187,800.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          |                                   | \$ 1,044,436.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          |                                   | \$ 714,152.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

|   |   |
|---|---|
| <b>Name of organization</b> MAKE-A-WISH FOUNDATION OF THE TEXAS<br>GULF COAST & LOUISIANA, INC. | <b>Employer identification number</b><br>76-0116615 |
|---|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 4                         | MEALS, THEME PARK TICKETS, AND EXTRAS<br>-----<br>-----<br>----- | \$ 714,152.                                    | 09/01/2014           |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----  | \$ -----                                       | -----                |

|   |  |
|---|--|
| Name of organization<br>MAKE-A-WISH FOUNDATION OF THE TEXAS<br>GULF COAST & LOUISIANA, INC. | Employer identification number<br>76-0116615 |
|---|--|

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ---                 | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ---                 | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ---                 | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ---                 | -----<br>-----<br>----- | -----<br>-----<br>----- | -----<br>-----<br>-----             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----<br>-----<br>-----                 | -----<br>-----<br>-----                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST & LOUISIANA, INC.

Employer identification number 76-0116615

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 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. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 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)?, 9 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.

Table with 2 columns: Description, Amount. Rows include: 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. 2 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.

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

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 98.3200 %
c Temporarily restricted endowment 1.6800 %
The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, (2) ACCRUED PENDING WISH COSTS, (3) DUE TO OTHER MAKE-A-WISH CHAPTERS, (4) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]



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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |  |           |            |            |
|----------|--|-----------|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>   | 5,538,850. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | -787,695.  |            |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 1,081,523. |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | -32,348.   |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b>  | 261,480.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>   | 5,277,370. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 50,415.    |            |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b>  | 50,415.    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>   | 5,327,785. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|          |   |           |            |            |
|----------|---|-----------|------------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>   | 6,216,524. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 1,077,593. |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b>  | 1,077,593. |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>   | 5,138,931. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 50,415.    |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b>  | 50,415.    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>   | 5,189,346. |

**Part XIII Supplemental Information.**

Provide 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 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA, INC. HAS \$4,197,480 HELD IN ENDOWMENT FUNDS AS OF AUGUST 31, 2015. THESE FUNDS ARE TO BE HELD IN PERPETUITY, WITH THE EARNINGS USED FOR WISH-GRANTING PURPOSES.

FIN 48 (ASC 740) LIABILITY FOR UNCERTAIN TAX POSITION

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3). HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE.

MANAGEMENT BELIEVES THAT NO SUCH UNCERTAIN TAX POSITION EXISTS FOR THE FOUNDATION AT AUGUST 31, 2015. THE FOUNDATION'S 2011 THROUGH 2014 TAX YEARS ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE.

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$32,348)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **MAKE-A-WISH FOUNDATION OF THE TEXAS  
GULF COAST & LOUISIANA, INC.**

Employer identification number  
**76-0116615**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) MAKE-A-WISH FOUNDATION OF AMERICA<br>4742 N. 24TH ST. PHOENIX, AZ 85016 | 86-0481941 | 501(C)(3)                     | 350,000.                 |                                   | N/A   | N/A                                    | WISH ASSISTANCE                    |
| (2)   |            |                               |                          |                                   |   |  |                                    |
| (3)   |            |                               |                          |                                   |   |  |                                    |
| (4)   |            |                               |                          |                                   |   |  |                                    |
| (5)   |            |                               |                          |                                   |   |  |                                    |
| (6)   |            |                               |                          |                                   |   |  |                                    |
| (7)   |            |                               |                          |                                   |   |  |                                    |
| (8)   |            |                               |                          |                                   |   |  |                                    |
| (9)   |            |                               |                          |                                   |   |  |                                    |
| (10)  |            |                               |                          |                                   |   |  |                                    |
| (11)  |            |                               |                          |                                   |   |  |                                    |
| (12)  |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2014)

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

| (a) Type of grant or assistance         | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 VARIOUS RECIPIENTS FOR WISHES GRANTED | 446.                     | 603,151.                 | 3,052,416.                        | FMV   | DIRECT COST/WISHES                     |
| 2                                       |                          |                          |                                   |   |  |
| 3                                       |                          |                          |                                   |   |  |
| 4                                       |                          |                          |                                   |   |  |
| 5                                       |                          |                          |                                   |   |  |
| 6                                       |                          |                          |                                   |   |  |
| 7                                       |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

FORM 990, SCHEDULE I

MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA, INC. DOES

NOT PROVIDE CASH GRANTS TO INDIVIDUALS, BUT RATHER GRANTS WISHES TO

SELECT BENEFICIARIES THAT MEET THE SPECIFIC CRITERIA FOR THE

WISH-GRANTING PROGRAM. THE ORGANIZATION GENERALLY ALLOCATES FUNDS

DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE EXCEPTION OF

TRAVEL STIPENDS (I.E. MEALS, TIPS, GAS, ETC.) FROM A STANDARDIZED WISH

BUDGET. ALL WISH EXPENSES ARE DEVELOPED BY THE VICE PRESIDENT OF PROGRAM

SERVICES AND ARE APPROVED BY THE PRESIDENT & CEO. THE SUPPORTING WISH

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

EXPENSE DOCUMENTATION IS RETAINED BY THE ORGANIZATION. OF THE TOTAL 446 WISHES GRANTED DURING THE FISCAL YEAR, TRAVEL STIPENDS OF \$603,151 WERE PROVIDED DIRECTLY TO APPROXIMATELY 350 WISH BENEFICIARIES. THE ADDITIONAL CASH GRANTS OF \$3,052,416 WERE PAID DIRECTLY TO VENDORS BY THE CHAPTER FOR THE BENEFICIARIES' WISHES. DURING FISCAL YEAR 2015, THE MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA CHAPTER WAS FORTUNATE ENOUGH TO BE ABLE TO CONTRIBUTE \$350,000 TO THE WISH FULFILLMENT FUND OF THE MAKE-A-WISH FOUNDATION OF AMERICA. THESE FUNDS ARE USED TO HELP GRANT WISHES IN CHAPTERS WITH LIMITED FUNDS. THE INTENDED USE OF THE FUNDS IS NOT DIRECTLY MONITORED AS THE RECIPIENT

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

CHAPTERS ARE INDEPENDENT ORGANIZATIONS WITH THE SAME MISSION OF GRANTING

WISHES TO CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS.



SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Name of the organization MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST & LOUISIANA, INC.

Employer identification number 76-0116615

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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

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

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

| (A) Name and Title |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|--------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| TERESA ANDREPONT   | (i)  | 203,639.   | 51,726.                             | 27,552.                             | 12,876.  | 0                       | 295,793.                        |   |
| 1 PRESIDENT & CEO  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               |   |
| 2                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 3                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 4                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 5                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 6                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9                  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                    | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

FORM 990, SCHEDULE J, PART I, QUESTION 4

THE CHAPTER HAS A DEFINED CONTRIBUTION RETIREMENT PLAN. FULL-TIME EMPLOYEES ARE ELIGIBLE FOR PARTICIPATION IN THE PLAN AFTER REACHING 21 YEARS OF AGE AND UPON COMPLETION OF ONE YEAR OF SERVICE. UNDER PROVISIONS OF THE PLAN, ELIGIBLE EMPLOYEES MAY ELECT TO DEFER A PERCENTAGE OF THEIR SALARY SUBJECT TO CERTAIN IRC LIMITATIONS. THE CHAPTER MATCHES 50% OF EMPLOYEE CONTRIBUTIONS UP TO 6% OF THE EMPLOYEE'S SALARY. DURING THE CALENDAR YEAR 2014, THE CHAPTER GAVE \$12,876 IN MATCHING FUNDS TO CEO & PRESIDENT TERESA ANDREPONT.

## NON-FIXED PAYMENTS

SCHEDULE J, PART I, QUESTION 7

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MAKE RECOMMENDATIONS FOR BONUSES AND SALARY INCREASES BASED ON THE CURRENT ECONOMIC CLIMATE AND STAFF EFFORTS. BASED ON THOSE FACTORS, THE BOARD APPROVED A BONUS OF \$51,726 FOR PRESIDENT & CEO TERESA ANDREPONT DURING THE CALENDAR YEAR 2014. VP OF PROGRAMS CATHY ANDERSON'S BONUS OF \$6,466 AND DIRECTOR OF FINANCE MELISSA HENDERSON'S BONUS OF \$3,796 WERE DETERMINED BY TERESA

**Part III Supplemental Information**

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

ANDREPONT DURING THE CALENDAR YEAR 2014 AND WERE WITHIN THE RECOMMENDED RANGE APPROVED BY THE EXECUTIVE COMMITTEE.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST & LOUISIANA, INC.

Employer identification number 76-0116615

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10 and Total.

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) STEPHANIE BUCHANAN        | COMMON BOARD MEMBER   | 181,840.                  | SEE SCHEDULE L, PART V         |   | X  |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

FORM 990, SCHEDULE L, PART IV

DURING FISCAL YEAR 2015, STEPHANIE BUCHANAN WAS BOTH AN OFFICER OF UNITED AIRLINES AND ON THE BOARD OF DIRECTORS OF THE MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA, INC. THE FOUNDATION PURCHASED AIRFARE ON BEHALF OF WISH FAMILIES IN THE AMOUNT OF \$181,840 DURING THE FISCAL YEAR.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

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](http://www.irs.gov/form990).

Name of the organization **MAKE-A-WISH FOUNDATION OF THE TEXAS  
GULF COAST & LOUISIANA, INC.**

Employer identification number  
**76-0116615**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     |                               |  |  |  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>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 ▶ ( <u>ATCH 1</u> ) . . . . .                                       |                               | 624 .  | 941,357 .  |  |
| 26 Other ▶ ( _____ ) . . . . .   |                               |  |  |  |
| 27 Other ▶ ( _____ ) . . . . .   |                               |  |  |  |
| 28 Other ▶ ( _____ ) . . . . .   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   | X   |    |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) (2014)

**Part II** **Supplemental Information.** Complete this part to 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, LINE 32A

DURING THE YEAR ENDED AUGUST 31, 2015, THE FOUNDATION RECEIVED A DONATION  
OF A COLLECTIBLE CAR. THE FOUNDATION USED MECUM AUCTIONS TO SELL THE CAR.

**Part II** **Supplemental Information.** Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u>        | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|---------------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| TICKETS/FOOD/MISC GIFTS   | X                | 200.                               | 714,152.                     | COST/SELLING PRICE               |
| EVENT/ATTRACTION TICKETS  | X                | 214.                               | 90,203.                      | COST/SELLING PRICE               |
| OTHER WISH-RELATED GIFTS  | X                | 180.                               | 91,856.                      | COST/SELLING PRICE               |
| VARIOUS OPERATING DONATIO | X                | 30.                                | 45,146.                      | COST/SELLING PRICE               |
| TOTALS                    |                  | <u>624.</u>                        | <u>941,357.</u>              |                                  |

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

**2014****Open to Public  
Inspection**Name of the organization MAKE-A-WISH FOUNDATION OF THE TEXAS  
GULF COAST & LOUISIANA, INC.Employer identification number  
76-0116615

## ORGANIZATION'S MISSION

FORM 990, PART I, QUESTION 1

THE MAKE-A-WISH FOUNDATION OF THE TEXAS GULF COAST AND LOUISIANA, INC.

GRANTS THE WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO

ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY.

## PROCESS USED BY MANAGEMENT GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, QUESTION 11

AFTER COMPLETION OF THE FORM 990, A DRAFT FORM IN ELECTRONIC FORMAT IS

PROVIDED TO THE CHAPTER'S COMPLIANCE COMMITTEE. THE COMPLIANCE COMMITTEE

REVIEWS THE DRAFT, THEN THE COMMITTEE CHAIR SENDS HIS APPROVAL TO THE

CHAPTER PRESIDENT &amp; CEO. AFTER RECEIVING APPROVAL, THE DIRECTOR OF

FINANCE SIGNS THE FORM. THE FINAL SIGNED FORM IS SUBMITTED TO THE ENTIRE

BOARD OF DIRECTORS IN ELECTRONIC FORMAT AND THEN FILED WITH THE IRS.

## PROCESS TO MONITOR TRANSACTION FOR CONFLICT OF INTEREST

FORM 990, PART VI, QUESTION 12C

ON A YEARLY BASIS, THE FOUNDATION'S EMPLOYEES AND MEMBERS OF ITS BOARD OF

DIRECTORS ARE REQUIRED TO COMPLETE AND SIGN THE "ANNUAL CONFLICT OF

INTEREST AND ETHICS ASSURANCE STATEMENT." THE STATEMENTS ARE THEN

RETURNED TO THE CHAPTER'S PRESIDENT &amp; CEO. IF A DIRECTOR HAS A CONFLICT,

THEN THE DIRECTORS WILL DISCUSS WHAT, IF ANY, STEPS TO TAKE. IF THE

CONFLICT RELATES TO PROPOSED SERVICES, THE DIRECTOR WILL RECUSE HIMSELF

FROM THE VOTING.

|   |  |
|---|--|
| Name of the organization<br>MAKE-A-WISH FOUNDATION OF THE TEXAS<br>GULF COAST & LOUISIANA, INC. | Employer identification number<br>76-0116615 |
|---|--|

PROCESS FOR DETERMINING COMPENSATION FOR CEO, EXEC. DIRECTOR OR TOP MGMT  
FORM 990, PART VI, QUESTION 15A & B

ON AN ANNUAL BASIS PRIOR TO EACH FISCAL YEAR BEGINNING, THE FOUNDATION'S  
COMPENSATION COMMITTEE WILL REVIEW OUTSIDE SALARY SURVEYS FOR THOSE IN A  
SIMILAR POSITION TO THE FOUNDATION'S PRESIDENT & CEO. THE COMPENSATION  
COMMITTEE THEN MAKES THEIR RECOMMENDATION TO THE FULL BOARD OF DIRECTORS  
REGARDING THE PRESIDENT & CEO'S NEW SALARY. THE DIRECTORS THEN DISCUSS  
THE RECOMMENDATION AND MAKE A DECISION REGARDING THE NEW SALARY. FOR  
SALARIES OF OTHER DIRECTORS OR KEY EMPLOYEES OF THE FOUNDATION, THE  
PRESIDENT & CEO MAKES SALARY RECOMMENDATIONS TO THE BOARD THROUGH THE  
BUDGET PROCESS.

AVAILABILITY OF GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST & FIN STMTS  
FORM 990, PART VI, QUESTION 19

THE FOUNDATION PROVIDES ITS GOVERNING DOCUMENTS (ARTICLES OF  
INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY, ETC.) UPON REQUEST.  
THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 ARE AVAILABLE ON OUR  
WEBSITE AT WWW.TEXGULF.WISH.ORG AS WELL AS PROVIDED UPON REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$32,348)

DONATED PPE \$ 3,930

-----

TOTAL (\$28,418)