Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

A F	or the	e 2017 calendar year, or tax year beginning and	l ending				
B c	heck if pplicabl	e: C Name of organization		D Employer id	dentifica	ntion number	
	Addre chang	e WISH OF A LIFETIME					
	Name chang	Doing business as		2	6-21	23649	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n			
	Final return termin	-	200			54-9144	
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		1,605,5	<u> 53.</u>
	return	DENVER, CO 80202		H(a) Is this a gr			7
	tion pendi	F Name and address of principal officer: IOM WAGENLANDER		for subord			
		SAME AS C ABOVE	507	H(b) Are all subord			No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) te: ► WWW.WISHOFALIFETIME.ORG	or 527	1		st. (see instruction	ns)
		organization: X Corporation Trust Association Other ►	I Vear	H(c) Group exe		State of legal domic	ilo: CO
Pa	rt I	Summary	L TEAT	or formation. 20	O O I IVI	State of legal domic	ille. CO
		Briefly describe the organization's mission or most significant activities: SHIF	T HOW	SOCIETY V	VALU	ES SENIOR	S
2		BY GRANTING AND SHARING THEIR LIFELONG WI					
Governance		Check this box if the organization discontinued its operations or dispo		than 25% of its r	net asse	ts.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3		11
	4	Number of independent voting members of the governing body (Part VI, line 1b)					11
စ္တ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5		17
ij∥	6	Total number of volunteers (estimate if necessary)			6	2	2000
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		7b		0.
				Prior Year		Current Yea	
<u>e</u>	l	Contributions and grants (Part VIII, line 1h)		559,6		637,5	
Revenue	l	Program service revenue (Part VIII, line 2g)		778,2		839,6	
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			23.		167.
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-30,9		-33,9	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,307,1	0.	1,443,8	0.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
	4-	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		533,3		735,2	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		333,3	0.	733,2	0.
e l	b	Total fundraising expenses (Part IX, column (D), line 25) 248,5	64.				
Μ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		642,0	15.	630,7	775.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,175,3		1,365,9	
	19	Revenue less expenses. Subtract line 18 from line 12		131,7	53.	77,8	346.
Assets or d Balances			Ве	ginning of Current	Year	End of Year	
sets	20	Total assets (Part X, line 16)		451,1		514,5	
EBS BBS	21	Total liabilities (Part X, line 26)		48,8		34,4	
		Net assets or fund balances. Subtract line 21 from line 20		402,2	91.	480,1	<u> </u>
	ırt II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedule				nowledge and belie	t, it is
rue,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of $oldsymbol{w}$	nich preparer	nas any knowledge	9.		
Ciar		Signature of officer		I Date			
Sigr Here		TOM WAGENLANDER, EXECUTIVE DIRECTOR					
i iei e	-	Type or print name and title					
		Print/Type preparer's name Preparer's signature	1	Date ci	heck	PTIN	
Paid		WENDY DEWITT		if se	elf-employed		
	arer	Firm's name ANTON COLLINS MITCHELL LLP		Firm's E			
Use	Only	Firm's address					
				Phone n	10.		
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,050,599 . including grants of \$) (Revenue \$839,694 .)
	WE ENVISION A WORLD IN WHICH SOCIETY EMBRACES AGING AND THE INHERENT
	WISDOM THAT ACCOMPANIES IT, WHERE SENIORS ARE CELEBRATED FOR THEIR
	ACCOMPLISHMENTS AND SACRIFICES, AND WHERE INTERGENERATIONAL CONNECTIONS
	ARE PART OF OUR DAILY LIVES. WISHES CONNECT SENIORS TO PEOPLE, PURPOSE,
	AND PASSIONS TO ELIMINATE FEELINGS OF ISOLATION AND HELP THEM LIVE VIBRANT, PURPOSEFUL LIVES. A TRUE WISH OF A LIFETIME ACHIEVED MAKES
	OTHER GOALS SEEM POSSIBLE AND ENCOURAGES OUR WISH RECIPIENTS TO KEEP
	DREAMING AND PURSUING THEIR PASSIONS. FOR THE 2017 FISCAL YEAR, WISH OF
	A LIFETIME GRANTED 247 WISHES TO DESERVING SENIORS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	DONATED SERVICES: FOR THE 2017 FISCAL YEAR, WOL RECEIVED \$3,600 OF
	DONATED SERVICES. SERVICES INCLUDED ACCOUNTING AND OTHER PROFESSIONAL
	SERVICES. THE MONEY SAVED FROM THESE DONATED SERVICES ALLOWED WOL TO
	GRANT MORE WISHES FOR SENIORS IN 2017.
4c	(Code:) (Expenses \$
1 ~	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 1,050,599.
	Form 990 (2017)

Form 990 (2017) WISH OF A LIFETIME Part IV Checklist of Required Schedules

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			₩.
	Part V, line 1	34		X
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	\		
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
o	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	110 to 1 7 till 1 0 till 1 0 00 till 1 0 0 till 1 0 0 0 t	1 30		

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

15 Einter the number reported in Box 3 of Form 1096, Einter -0- in not applicable 10 0 0 10 10 0 0 10 10 0 0 10 10 0 0 10 1						Yes	No
b Enter the number of Forms W.26 included in line 1a. Enter of Lind applicable De Dot the thorogramization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 17 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1 and all as is greater than 250, you may be required to 6-rise fee instructions) 3b Unit organization thave unrelated business gross income of \$1,000 or more during the year? 3a X b if Yes, I was in files a form 890 To the regardation file all required to 6-rise fee instructions of the organization that we unrelated business gross income of \$1,000 or more during the year? 3a X b if Yes, I was the did a file of promised to the organization of the organization in since file of complete the organization in the regardation of the organization in the organization of the organization of the organization in the was or is a party to a prohibited tax shelter transaction of the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a X b if Yes, 1 fee is or 6b, did the organization file Form 8886.70 5b X c if Yes, 1 fee is or 6b, did the organization file Form 8886.71 5c X b if Yes, 1 fee is or 6b, did the organization file Form 8886.71 5c X b if Yes, 1 fee is or 6b, did the organization file Form 8886.71 5c X b if Yes, 1 fee is or 6b, did the organization file Form 8886.71 5c X b if Yes, 1 fee is or 6b, did the organization file Form 8886.71 5c X b if Yes, 1 feet the organization organization file Form 8886.71 5c X b if Yes, 1 feet the organization organization file feet organization file form 8886.71 5c X b if Yes, 1 feet the	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_{1a}	14		103	110
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) without without some with the property of the	_			_			
gamblingly winnings to prize winners? a Eriter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization lie all required federal employment tax returns? 7. Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-jntig (see instructions) 8. Did the organization have unrelated business gross income of \$1,000 or more during the year? 8. A Value of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, around the financial accounts? 8. Did the organization and party to a prohibited tax shefter transaction in 35-fedule 0 8. See instructions for filing requirements for FinCEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8. Was the organization any party to a prohibited tax shefter transaction at any time during the tax year? 8. Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction of 110 in the same party to a prohibited tax shefter transaction at any time during the tax year? 8. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 8. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sheet any contributions under section 170(c). 9. Did the organization sheet any receive deductible contributions under section 170(c). 9. Did the organization receive a payment in excess of \$75 made partly as a contribution on approach property for which it was required to the Epon \$100 in the organization neceive and prohibits of the property of the organization feel and prohibits of the organization neceive and prohibits of the propert				e gaming			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required faderal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if "Yes," has it filed a Form 990-T for this year? if "No," to file 3b, provide an explanation in Schedule O 3b A At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, is cludy as a bank account, securities account, or other financial account; or a fire an interest in or a signature or other authority over, a financial account in a foreign country, is cludy as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a parity to a prohibited tax wheter transaction at any time during the tax year? 5a Was the organization a parity to a prohibited tax wheter transaction? 5b Did any taxolibe party notify the organization file Form 8886 17? 6c Does the organization revelve annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the very solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a payment in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization in excess of \$75 made parity as a contribution and partly for goods and services provided to the payor? 7b X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b If Yes, "did the organization in a contribution of a	•				1c	Х	
tiled for the calendary year ending with or within the year covered by this return 2a	2a						
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gives provided toifie (see instructions) 3b If Yes, 'has it field a Form 90-Tr for this year? If 'No, 'to line 3b, provide an explanation in Schedule O 3a At any time during the calendary year, did the organization have un a signature or orther authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a A Early time enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that many receive deductible contributions under section 170(c). 8c If Yes, 'did the organization neceive apprent in excess to 1575 made party as a contribution and party for goods and services provided to the payor? 8c If Yes, 'did the organization neceive apprent in excess to 1575 made party as a contribution or payor and the payor and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c If If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9c If If			2a	17			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 As A tany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or other financial accountly over, a financial account in a foreign country. ► 5 Did was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization tile Form 88861? 6 Did any taxable party notify the organization tile Form 88861? 6 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6 Did the organization that may receive deductible contributions under section 170(c). 8 Diff "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization and that may receive deductible contributions under section 170(c). 8 Diff "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization organization notify the donor of the value of the goods or services provided? 7 Did the organization organization organization or of the value of the goods or services provided? 7 Did the organization organization orga	h	• • • • • • • • • • • • • • • • • • • •			2h	Х	
3a							
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, of the organization have an interest in, or a signature or other authority over, a innancial accountly in Scription country (such as a bank account, securities account, or other financial accountly over, a 5b if "Yes," enter the name of the foreign country. ► 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ce with the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization the Form 6886-17 5c if "Yes," to line 5a or 5b, did the organization that rare normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 5c if "Yes," the did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles? 5c if "Yes," the did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles? 5c if "Yes," indicate that many receive deductible contributions under section 170(c). 6c if were the tax equivalent on only the donor of the value of the goods or services provided? 7c if if yes," indicate the number of Forms 8282 filed during the year 7d if the organization received an only the donor of the value of the goods or services provided? 7c if if yes, indicate the number of Forms 8282 filed during the year 7d if the organization received an contribution of qualified intellectual property, did the organization file Form 1098-07 7d if the organization received an contribution of qualified intellectual property, did the organization file Form 1098-07 7d if the organization received an contribution of cares, boots, alternative, and	3a				3a		x
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					14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	

26-2123649

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 Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Another's website X Own website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: MICHELLE WELCH - 303-830-1120

Form **990** (2017)

80203

303 EAST 17TH AVE SUITE 600, DENVER,

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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	n an	compensation	compensation	amount of
	week		Jei aii		lecto	i/ii us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	al tru		yee	ım bei		(** =* ** = ** ** ** ** ** ** ** ** ** **		and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CHAR BLOOM	1.00	1								
BOARD CHAIR		Х		Х				0.	0.	0.
(2) JEREMY BLOOM	1.00								_	_
FOUNDER, DIRECTOR		Х						0.	0.	0.
(3) JODI CHAMBERS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(4) JOE DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ERIC HIRSCHBERG	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) LAURA LARSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BARBARA KREISMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SARA TERRY	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) RIVA-MELISSA TEZ	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) MICHAEL R WASSERMAN	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(11) JACK YORK	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) TOM WAGENLANDER	40.00								_	_
EXECUTIVE DIRECTOR				Х				85,000.	0.	0.
(13) BILL TAYLOR	40.00								_	_
FORMER DEVELOPMENT DIRECTOR						Х		114,930.	0.	0.
		-								
		-								
		-								
										000

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) (B) (C) (D) (E)													
Name and title	Average		not c	heck	more	than		Reportable	Reportable		I .	stimate	
	hours per week					is botl or/trus		compensation from	compensation from related		an	nount o other	of
	(list any	ctor						the	organizations		com	pensa	tion
	hours for	or dire	۵			ted		organization	(W-2/1099-MIS	C)	fr	om the	е
	related organizations	ustee (truste		9	beusa		(W-2/1099-MISC)			ı -	anizati	
	below	Individual trustee or director	Institutional trustee	١.	ploye	st com					1	d relati anizatio	
	line)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former				l	ai iizaci	5110
				-		-					 		
		-											
											<u> </u>		
						\vdash				—	 		
1b Sub-total										0.			0.
								_			<u> </u>		0.
							<u> </u>	· · · · · · · · · · · · · · · · · · ·					0.
	ot limited to th	ose	liste	ed ab	oove	e) wh	io re	eceived more than \$100,	000 of reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer	director, or tru	ıste	e. ke	v en	olan	vee.	or I	highest compensated er	nplovee on				
											3		Х
4 For any individual listed on line 1a, is the si	ım of reportabl												
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		X
• •	•				•			•					37
	nplete Schedule	e J fo	or su	ıch <u>ı</u>	pers	on			<u></u>	<u></u>	5		X
·	mnensated inc	lene	nde	nt co	ntr:	acto	re th	nat received more than \$	100 000 of comp	ensa	tion fr		
	-	-							· · · · · · · · · · · · · · · · · · ·	CHSa	tion in	5111	
(A)	•							(B)			((C)	
Name and business	address	NC	INC	3				Description of s	ervices		compe	nsatio	n
							_			—			
	<u> </u>												
							_						
total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes													
2 Total number of independent contractors (noludina but	o+ 1i	nita	4 + ~ :	tha	20 1:0	+~~	abovo) who received	oro than				
		JUIII	ınıe(0		_	ıeu	above, who received mo	DIE HIAH				
, ,										_			_

26-2123649

Form 990 (2017) WISH OF
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ပ္ ပ	1 a	Federated campaigns	1a					012 011
Contributions, Gifts, Grants and Other Similar Amounts	b							
جَ ۾		Fundraising events		160,309.				
ifts		Related organizations		, , , , , , , , , , , , , , , , , , , ,				
nila		Government grants (contributi						
Sir		All other contributions, gifts, grant						
her j	•	similar amounts not included abov	1 1	477,273.				
	g			95,425.				
Sor	_	Total. Add lines 1a-1f			637,582.			
<u> </u>				Business Code	,			
o l	2 a	BSL SPONSORSHIP		900099	750,000.	750,000.		
Program Service Revenue	b	CANADA MANAGEME		900099	83,681.	83,681.		
Ser	С				,			
an eve	d							
Be	е							
Pr	f	All other program service reve	nue	900099	6,013.	6,013.		
	g	Total. Add lines 2a-2f			839,694.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			467.			467.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties	. <u></u>	>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraising including \$160,3	g events (not 09 of					
eve		contributions reported on line						
Other Reven		Part IV, line 18		127,810.				
돭	b	Less: direct expenses	b	161,717.				
٥	С	Net income or (loss) from fund	Iraising events	<u></u>	-33,907.			-33,907.
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales	s of inventory	<u></u>				
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			1 442 026	020 604		22 440
	12	Total revenue . See instructions.			1,443,836.	839,694.	U •	-33,440.

Form **990** (2017) 732009 11-28-17

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 (C) Management and general expenses (**D**) Fundraising (A) (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 85,000. 61,200. 5,100. 18,700. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 552,913. 386,232. 32,269. 134,412. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) $11,\overline{734}$ 46,043. 31,740. 2,569. Other employee benefits 9 51,259. 36,511. 3,130. 11,618. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 47,720. 32,581. 3,038. 12,101. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 750. 22. 13. 715. column (A) amount, list line 11g expenses on Sch O.) 51,794. 31,687. 2,681. 17,426. Advertising and promotion 12 30,345. 19,297. 3,692. 7,356. Office expenses 13 12,602. 8,971. 570. 3,061. Information technology 14 Royalties 15 58,627. 20,153. 83,809. 5,029. 16 Occupancy 22,499. 17,729. 855. 3.915. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 4,599. 3,311. 276. 1,012. Depreciation, depletion, and amortization 22 2,411. 1,029. 1,032. 350. 23 Other expenses. Itemize expenses not covered 24 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 0.) 350,258. 346,784. 3,474. WISH RECIPIENT AWARDS 0. VOLUNTEER APPRECIATION 9,976. 9,881. 19. 76. 4,344. 348. 3,475. 521. STAFF DEVELOPMENT 3,343. 3,735. 0. BANK & CREDIT CARD FEES 392. 5.933. 1.522. 2,863. 1,548. All other expenses 1,365,990. 1,050,599. 66,827. 248,564. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X Balance Sheet

Pal	τ λ	balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			34,260.	1	28,590.
	2	Savings and temporary cash investments			248,553.	2	346,644.
	3	Pledges and grants receivable, net			133,500.	3	77,552.
	4	Accounts receivable, net			9,252.	4	39,061.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			10,451.	9	12,193.
	10a	Land buildings and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	30,371.			
	b	Less: accumulated depreciation	10b	19,835.	15,135.	10c	10,536.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			451,151.	16	514,576.
	17	Accounts payable and accrued expenses			33,865.	17	28,939.
	18	Grants payable				18	
	19	Deferred revenue			14,995.	19	5,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ģ	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			10.000	25	24 422
	26	Total liabilities. Add lines 17 through 25			48,860.	26	34,439.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an			0.67 0.01		005 127
JU.	27	Unrestricted net assets			267,291.	27	295,137.
Bak	28	Temporarily restricted net assets	135,000.	28	185,000.		
힏	29					29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	B), check here			
ō		and complete lines 30 through 34.					
šets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			400 001	32	400 127
2	33	Total net assets or fund balances			402,291.	33	480,137.
	34	Total liabilities and net assets/fund balances .			451,151.	34	514,576.

Form	1990 (2017) WISH OF A LIFETIME	26-2	2123649	Pag	ge 1 :
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,443		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,36		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	402	2,2	<u>91</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0 .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	coluṃn (B))	10	480),1	<u>37</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				

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

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

Act and OMB Circular A-133?

Form 990 (2017)

За

Х

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

WISH OF A LIFETIME

Employer identification number 26 – 21 2 3 6 4 9

Par	t I	Reason for Public (Charity Status (mplete thi	is part.) Se	e instructions.	0 2123043
—— Γhe c	raani	zation is not a private found						
1	· 9	A church, convention of ch	•	•	•	•)(A)(i).	
2		A school described in sect					<i>x x</i> ,	
3		A hospital or a cooperative		•			i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7 [X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of the college	e or
		university:						
10		An organization that norma	•					
		activities related to its exen	•	•	. ,		• •	· ·
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	•					
11		An organization organized a	•		•			
12		An organization organized a	•	•	•		•	• •
		more publicly supported or						Check the box in
		lines 12a through 12d that	• •				, ,	
а		Type I. A supporting orga	•	•		•		
		the supported organization	., .		majority o	tne airec	tors or trustees of the st	apporting
L		organization. You must o	- · · · · · · · · · · · · · · · · · · ·		ion with ite		d arganization(a) by bay	do a
b		Type II. A supporting org	•					-
		control or management o organization(s). You mus			arrie persoi	iis iiiai coi	ittoi or manage the supp	Jortea
С		Type III functionally inte	•		in connect	ion with a	and functionally integrate	ad with
·		its supported organization	•			•	, ,	ou with,
d		Type III non-functionally	. , ,	·	•	•	•	zation(s)
-		that is not functionally int	• ,,					* *
		requirement (see instructi		• ,	•			
е		Check this box if the orga	·	-				
		functionally integrated, or					31 · 7 31 · 7 31 ·	
f	Ente	r the number of supported o	•		• •			
		ide the following information	•					
) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
						1		1

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.)

<u> </u>	talls to quality under the tests	notou bolott, plou		···· <i>,</i>			
	tion A. Public Support	Γ			Т	Г	T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	609,891.	569,139.	564,111.	559,609.	637,582.	2940332.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	609,891.	569,139.	564,111.	559,609.	637,582.	2940332.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						749,573.
6	Public support. Subtract line 5 from line 4.						2190759.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	609,891.	569,139.	564,111.	559,609.	637,582.	2940332.
	Gross income from interest,	,	,	,			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	452.	220.	174.	223.	467.	1,536.
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2941868.
12	Gross receipts from related activities,	etc (see instruction	nne)			12 2	,278,229.
	First five years. If the Form 990 is for	•	,	t fourth or fifth to	v vear as a soction		,
ıs	organization, check this box and stor	•	mai, accond, itilit	a, rourur, or mul ta	in year as a section	1 30 1 (0)(3)	_
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2017 (I			olumn (f))		14	74.47 %
	Public support percentage from 2016						77.99 %
	33 1/3% support test - 2017. If the o						
108							
L	stop here. The organization qualifies						
O	33 1/3% support test - 2016. If the condition have						_
4-	and stop here. The organization qual	•	•				
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-	•		-		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						9
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
					Scho	edule A (Form 990	or 990-E7\ 2017

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						ļ
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				1		
	Total. Add lines 1 through 5					-	-
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received				-		
i.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
Sec	Public support. (Subtract line 7c from line 6.)						I
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010	(3) 2014	(0) 2010	(4) 2010	(6) 2011	(i) Iolai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	<u></u>		<u></u>	<u></u>	<u>-</u>	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
<u>16</u>	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	=	-				
b	33 1/3% support tests - 2016. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check th	nis box and see ins	structions	

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
Ju		
3b		
Зс		
4a		
4b		
4c		
5 -		
<u>5a</u>		
5b		
5c		
30		
6		
7		
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9a		
50		
9b		
9с		
90		
10a		
10b		
000 ~* 00	O E71	0047

		12304	J Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
	Here the consideration are sold as a 10 consequently of the following are some		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	1110		
	and an appearance of the second secon		Yes	No
1	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? 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.	1		
2	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? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		Ĺ
		<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	·)·		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance).	.tatia.na	١	
2	Activities Test. Answer (a) and (b) below.	itructions)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
u	the supported organization(s) to which the organization was responsive? 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.	2a		
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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through F.

	other Type III non-functionally integrated supporting organizations must co	Inplete Se		(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	ı	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GREEN RIVER CAPITAL LLC	119,170.	60,333.
HADLEY & MARIAN STUART FOUNDATION	70,000.	11,163.
THE BRIN WOJCICKI FOUNDATION	500,000.	441,163.
VITAL LIFE FOUNDATION	280,000.	221,163.
VIKING CRUISES	74,588.	15,751.
Total Excess Contributions to Schedule A, Part II, Line 5		749,573.

723171 04-01-17

Schedule B

or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.αov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization Employer identification number

26-2123649

Organization type (check one):

Form 990 or 990-EZ

X
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.

WISH OF A LIFETIME

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 for 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

WISH OF A LIFETIME

26-2123649

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BRIN WOJCICKI FOUNDATION	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VITAL LIFE FOUNDATION	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESSITY (FORMERLY SCA/TENA)	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HADLEY & MARION STUART FOUNDATION	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PATRICIA AND STANLEY SILVER	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 DATME C MEDITED DRANGUL OF DIGUENOME	(c) Total contributions	(d) Type of contribution
6	BAUME & MERCIER - BRANCH OF RICHEMONT NORTH AMERICA	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

WISH OF A LIFETIME

26-2123649

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
7	RANDOM ACTS	\$ 10,000. P	erson X ayroll oncash nplete Part II for eash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
8	GHC HOUSING PARTNERS LLC	\$ 15,000. PN (Con	erson X ayroll oncash nplete Part II for eash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
9	VIKING CRUISES	\$ 45,792. P	erson ayroll oncash X nplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
		\$ P P P N (Con	erson ayroll oncash nplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
		\$	erson ayroll oncash nplete Part II for ash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
		\$	erson ayroll oncash nplete Part II for ash contributions.)

WISH OF A LIFETIME

26-2123649

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	X	_	
		\$ 45,792.	06/01/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - -	
723453 11-01-		_ \$ Schedule B (Form 9	 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number WISH OF A LIFETIME 26-2123649 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WISH OF A LIFETIME

Employer identification number 26-2123649

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		GOT ACCOUNTS. Complete if the
	organization answered Tes on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
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 wr	iting that the assets held in donor advi	sed funds
_	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
•	for charitable purposes and not for the benefit of the donor or o		
	• •		
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
	year ▶		
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	·
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organization's accounting for
Da	conservation easements.	Art Historical Tracquires or O	they Cimiley Assets
Pa	T III Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	•	· ·
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on 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 treas		ai gain, provide
	the following amounts required to be reported under SFAS 116		▶ ♠
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

Pai	rt III Organizations Maintaining	Collections of	Art, Hist	orical Tre	easures, o	r Other	Similar	Assets	(continue	d)
3	Using the organization's acquisition, acce								,	,
	(check all that apply):			•		_				
а	Public exhibition		d 🗌	Loan or exc	change progra	ams				
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's	s collections and exp	lain how th	ey further tl	he organizatio	on's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solic	•		-	-					
	to be sold to raise funds rather than to be		•		•				Yes	No
Par	rt IV Escrow and Custodial Arr								ine 9, or	
	reported an amount on Form 990,			· ·					•	
1a	Is the organization an agent, trustee, cust	todian or other interm	nediary for	contribution	s or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part									
		·	· ·						Amount	
С	Beginning balance						1c			
d	Additions during the year									
е										
f							1f			
	Did the organization include an amount o								Yes	No
	If "Yes," explain the arrangement in Part 3						•		_	
	rt V Endowment Funds. Comple									
	· ·	(a) Current yea		rior year	(c) Two year			ears back	(e) Four yea	ırs back
1a	Beginning of year balance								, , ,	
b										
c	Net investment earnings, gains, and losse									
d	Grants or scholarships									
е	0.0									
_	and programs									
f										
g										
2	Provide the estimated percentage of the	•	nce (line 1	n column (a	ı)) held as:	<u> </u>				
a			%	y, oo.a (e	,,,					
b										
c			6							
•	The percentages on lines 2a, 2b, and 2c s									
За	Are there endowment funds not in the po		nization tha	t are held a	nd administer	red for the	e organiza	ation		
	by:	3					3		Ye	s No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ								3b	
4	Describe in Part XIII the intended uses of									
	rt VI Land, Buildings, and Equi	pment.								
	Complete if the organization answ	ered "Yes" on Form !	990, Part I\	/, line 11a. S	See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost of			t or other		cumulate	ed	(d) Book va	alue
	2 cccp.i.c.i. c. p. opc.ity	basis (inve			(other)		reciation		(4, 200	
	Land	 	,		. ,					
b										
		I		3	30,371.		19,83	35.	10.	536.
	Other				., = •		,			
	Add lines 1a through 1e (Column (d) mu	•	ant V action	an (D) line 1	100.)				1.0	536.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 WISH OF A LI	FETIME		26-2123649 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
	- Farma 000 Dart IV line	11 - C Faura 000 Dart V line 10	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
	(b) Dook value	(c) Wethod of Valuation. Cost of	end-or-year market value
(1)			
(2)			
(3)			
(5)		+	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	1 (1) 5
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	e 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2017

(7) (8) (9)

Par	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.	<u></u>
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,447,436.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b			3,600.		
С					
d					
е	Add lines 2a through 2d			2e	3,600.
3	Subtract line 2e from line 1			3	1,443,836.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	1,443,836.
Pai	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total expenses and losses per audited financial statements			1	1,369,590.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,600.		
b	Prior year adjustments	2b			
С					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,600.
3	Subtract line 2e from line 1			3	1,365,990.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)		5	1,365,990.
Pai	rt XIII Supplemental Information.				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part)	ζ, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional informa	ation.		
PAF	RT X, LINE 2:				
THE	<u>E ORGANIZATION HAS RECEIVED AN INTERNAL</u>	REVENUE S	ERVICE EXE	MPT.	ION FROM
FEI	DERAL INCOME TAXES UNDER SECTION 501(C)	(3). ACCOR	DINGLY, NO	PRO	OVISION OR
LIZ	ABILITY FOR INCOME TAXES HAS BEEN PROVI	DED IN THE	ACCOMPANY	ING	FINANCIAL
~					
STZ	ATEMENTS.				

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 26-2123649 WISH OF A LIFETIME Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017

26-2123649 Page 2 Schedule G (Form 990 or 990-EZ) 2017 WISH OF A LIFETIME Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 288,119. 288,119. 1 Gross receipts 2 Less: Contributions 160,309. 160,309. **3** Gross income (line 1 minus line 2) 127,810. 127,810. 4 Cash prizes 95,425. 5 Noncash prizes 95,425. Direct Expenses 8,485. 8,485. 6 Rent/facility costs 45,897. 45,897. 7 Food and beverages 8 Entertainment 11,910. 11,910.Other direct expenses 161,717. **10** Direct expense summary. Add lines 4 through 9 in column (d) -33,907.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2017 WISH OF A LIFETIME 20-	<u> </u>	949	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	/es	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es/	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Y	/es	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
c	of gaining revenue retained by the third party ▶ ↓			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
				-
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to			
Ĭ	retain the state gaming license?	Y	/es	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9l	b, 10l	o, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990 or 990-EZ)	WISH OF A LIFETIME	26-2123649 Page 4
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ormation (continued)	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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.

2017

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

WISH OF A LIFETIME

Employer identification number 26-2123649

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			l
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	1b		
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 on line 1a?	2		
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			l
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			l
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		Щ

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

Schedule J (Form 990) 2017

<u>Schedule J (Form 990) 2017</u> **WISH OF A LIFETIME** 26-2123649 Page 2

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 on 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 aren't 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 (i) Boase compensation incentive compensation (ii) Donus & incentive compensation (iii) Chief reportation compensation (iv) Chief reportation compensation (iv) Chief reportation (iv) Chief reportat		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
	(A) Name and Title	(i) Base compensation	incentive	reportable		berients	(B)(I)-(U)	reported as deferred
	(i))						
	(ii)						
(ii) (iii) (
(ii) (ii) (iii) (i								
(i) (ii) (ii) (iii) (iii								
(i) (i) (ii) (ii) (iii)								
(i) (ii) (ii) (iii) (iii								
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(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiiii								
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(i) (ii) (ii) (iii) (iii	į (i)						
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii								
(i) (ii) (iii) (ii								
(ii) (i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii								
(i) (ii) (iii) (iiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiiii								
(ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiiiii) (iiiiiiii								
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiii) (iiiiiiii								
(i) (i) (i)								
(i)								

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Secret Senefit Transaction Section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only.	Name of the organization							-	ident		on nu	mber
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person						4 () (00)			236	49		
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No No No No No No No N												
(a) Name of disqualified person person and organization person and organization (b) Description of transaction yes No Yes No Yes No Yes No Yes No 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. (a) Name of (b) Relationship (c) Purpose of Organization of loan with organization of loan organization of loan organization answered "Yes" on Form 990. Part V, line 38a or Form 990, Part IV, line 26; or if the organization organization of loan organization of loan organization organization of loan organization organizatio					· 1	, or Form 990-EZ, Pa	rt V, I	ine 40	b.	1, 1,		
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 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. (a) Name of interested person (b) Relationship by biard or from the organization principal amount on Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization default? (b) Relationship between line in the organization or form 990, Part IV, line 27. (c) Name of interested person (d) Type of assistance	(a) Name of disqualified person				ified (c) Description of trans	sactio	n			-	
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. (a) Name of interested person with organization of loan organization? To From To Fr		porcorr and or	garnze							+ Y (es	NO
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. (a) Name of interested person with organization of loan organization? To From To Fr										+	\dashv	
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. (a) Name of interested person (b) Relationship with organization of loan or of loan or of loan organization? To From (e) Original principal amount of the organization of loan organization? To From (h) Approved (i) Written to organization? Yes No Yes										+	+	
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. (a) Name of interested person (b) Relationship with organization of loan or of loan or of loan organization? To From (e) Original principal amount of the organization of loan organization? To From (h) Approved (i) Written to organization? Yes No Yes											\dashv	
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. (a) Name of interested person with organization of loan organization? To From To Fr												
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. (a) Name of interested person with organization of loan organization? To From To Fr												
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. (a) Name of interested person with organization of loan organization? To From To Fr	2 Enter the amount of tax incurred by	the organization man	agers	or disc	ualified persons duri	ng the year under				-		
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. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Complete if the organization (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or loop by	section 4958				•			> \$				
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. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to organization (e) Original principal amount (f) Balance due (g) In default? Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Y								> \$				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 WISH OF A LIFETIME 26-2123649 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (c) Amount of (b) Relationship between interested (a) Name of interested person (d) Description of organization's person and the organization transaction transaction revenues? Yes No BROOKDALE SENIOR LIVING SEE BELOW 750,000. SEE BELOW Х Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: BROOKDALE SENIOR LIVING (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SEE BELOW (C) AMOUNT OF TRANSACTION \$ 750,000. (D) DESCRIPTION OF TRANSACTION: SEE BELOW SHARING OF ORGANIZATION REVENUES? = NO SCHEDULE L, PART IV, COLUMN (B) BROOKDALE SENIOR LIVING ENGAGED IN SPONSORSHIP TRANSACTIONS WITH THE ONE OF THE ORGANIZATION'S BOARD MEMBERS IS ALSO AN ORGANIZATION. EXECUTIVE OF BROOKDALE SENIOR LIVING. SCHEDULE L, PART IV, COLUMN (D) TRANSACTIONS BETWEEN BROOKDALE SENIOR LIVING AND THE ORGANIZATION

Schedule L (Form 990 or 990-EZ) 2017

ENABLED WISHES TO BE GRANTED TO SENIORS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

WISH OF A LIFETIME

Employer identification number 26-2123649

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

732142 09-07-17

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.
➤ Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WISH OF A LIFETIME

Employer identification number 26-2123649

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WISH OF A LIFETIME'S (WOL) MISSION IS TO SHIFT THE WAY SOCIETY VIEWS

AND VALUES OUR OLDEST GENERATIONS BY FULFILLING SENIORS' DREAMS AND

SHARING THEIR STORIES TO INSPIRE THOSE OF ALL AGES.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS JEREMY BLOOM AND CHAR BLOOM HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM, REVIEWED BY

MANAGEMENT, AND PRESENTED TO THE BOARD TREASURER FOR REVIEW AND DISCUSSION.

THE FORM 990 WAS THEN PRESENTED TO THE ENTIRE BOARD FOR REVIEW, DISCUSSION

AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY REVIEW THE

CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS OF

INTEREST. ALL ARE REQUIRED TO SIGN AN ANNUAL STATEMENT CERTIFYING SUCH

ACTION HAS TAKEN PLACE AND DISCLOSING ANY POTENTIAL CONFLICTS. ALL BOARD

MEMBERS HAVE A DUTY TO DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS ESTABLISHES COMPENSATION FOR ITS KEY EMPLOYEES BASED

ON A DISCUSSION OF THE COMPENSATION PAID BY SIMILAR ORGANIZATIONS FOR

SIMILAR POSITIONS. THE PROCESS WAS LAST CONDUCTED DECEMBER 2017.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization WISH OF A LIFETIME	Employer identification number 26-2123649
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION PROVIDES COPIES OF IRS FORM 990 AND IRS F	ORM 1023 UPON
REQUEST. THE 990 IS ALSO POSTED ON ITS WEBSITE AND LISTED	ON THE
FOUNDATION CENTER WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES ITS BY-LAWS, CONFLICT OF INTERES	T POLICY, AND
PERIODIC FINANCIAL STATEMENTS UPON REQUEST.	
FORM 990 SCHEDULE M LINE 31	
THE ORGANIZATION REQUIRES A REVIEW PROCESS WHEN DECIDING W	HETHER TO
ACCEPT NON-STANDARD GIFTS. THIS WAS WRITTEN INTO THE POLI	CIES AND
PROCEDURES MANUAL FOR 2012 AND REVIEWED BY MANAGEMENT, BUT	THE OFFICIAL
EFFECTIVE DATE OF THE MANUAL WAS JANUARY 1, 2013.	
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