

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **SEP 1, 2007** and ending **AUG 31, 2008**

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MAKE-A-WISH FOUNDATION OF ALASKA, MONTANA, NORTHERN IDAHO & WASHINGTON	D Employer identification number 91-1329433
<input type="checkbox"/> Address change		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 811 FIRST AVENUE 520	E Telephone number (206) 623-5300
<input type="checkbox"/> Name change		City or town, state or country, and ZIP + 4 SEATTLE, WA 98104	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Initial return		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	
<input type="checkbox"/> Termination	H and I are not applicable to section 527 organizations.		
<input type="checkbox"/> Amended return	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Application pending	H(b) If "Yes," enter number of affiliates ▶ N/A		

G Website: ▶ WWW.NWWISHES.ORG	H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.)
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	I Group Exemption Number ▶ N/A
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 8,105,184.	M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds 1a			
	b Direct public support (not included on line 1a) 1b		6,094,268.	
	c Indirect public support (not included on line 1a) 1c		467,406.	
	d Government contributions (grants) (not included on line 1a) 1d			
	e Total (add lines 1a through 1d) (cash \$ 4,810,409. noncash \$ 1,751,265.) ... 1e		6,561,674.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	2,494.	
	5 Dividends and interest from securities	5	136,810.	
Revenue	6 a Gross rents 6a			
	b Less: rental expenses 6b			
	c Net rental income or (loss). Subtract line 6b from line 6a 6c			
	7 Other investment income (describe ▶)	7		
	8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a		
	b Less: cost or other basis and sales expenses 8b			
	c Gain or (loss) (attach schedule) 8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2 8d			<79.>
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>			
	a Gross revenue (not including \$ 940,311. of contributions reported on line 1b) ... 9a	9a	280,048.	
b Less: direct expenses other than fundraising expenses 9b	9b	398,466.		
c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 3 9c			<118,418.>	
	10 a Gross sales of inventory, less returns and allowances 10a			
	b Less: cost of goods sold 10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c			
	11 Other revenue (from Part VII, line 103)	11		
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,582,481.	
Expenses	13 Program services (from line 44, column (B))	13	3,902,059.	
	14 Management and general (from line 44, column (C))	14	364,262.	
	15 Fundraising (from line 44, column (D))	15	754,787.	
	16 Payments to affiliates (attach schedule) SEE STATEMENT 4	16	172,296.	
	17 Total expenses. Add lines 16 and 44, column (A)	17	5,193,404.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,389,077.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,878,601.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	<249,581.>	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,018,097.	

**MAKE-A-WISH FOUNDATION OF ALASKA,
MONTANA, NORTHERN IDAHO & WASHINGTON**

Form 990 (2007)

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) STATEMENT 6	2,890,078.	2,890,078.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	307,142.	125,742.	109,690.	71,710.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	825,329.	414,244.	128,124.	282,961.
27 Pension plan contributions not included on lines 25a, b, and c	28,698.	14,498.	3,367.	10,833.
28 Employee benefits not included on lines 25a - 27	96,786.	47,205.	15,651.	33,930.
29 Payroll taxes	87,738.	42,260.	17,910.	27,568.
30 Professional fundraising fees				
31 Accounting fees	3,459.	346.	3,113.	
32 Legal fees	7,336.	733.	6,603.	
33 Supplies	34,587.	18,931.	4,990.	10,666.
34 Telephone	44,062.	22,031.	8,372.	13,659.
35 Postage and shipping	20,089.	7,433.	1,808.	10,848.
36 Occupancy	154,412.	79,088.	28,623.	46,701.
37 Equipment rental and maintenance	27,314.	13,657.	5,190.	8,467.
38 Printing and publications	18,644.	16,953.	12.	1,679.
39 Travel	26,185.	20,724.	1,285.	4,176.
40 Conferences, conventions, and meetings	186,778.	146,507.	5,524.	34,747.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	19,942.	9,971.	3,789.	6,182.
43 Other expenses not covered above (itemize):				
a MISCELLANEOUS EXPENSES	22,577.	11,288.	4,290.	6,999.
b DIRECT COSTS OF				
c FUNDRAISING	169,761.			169,761.
d DUES AND SUBSCRIPTIONS	4,292.	558.	1,631.	2,103.
e OTHER PROFESSIONAL				
f FEES	45,899.	19,812.	14,290.	11,797.
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,021,108.	3,902,059.	364,262.	754,787.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 102,360. ; (ii) the amount allocated to Program services \$ 92,779. ;
 (iii) the amount allocated to Management and general \$ 0. ; and (iv) the amount allocated to Fundraising \$ 9,581.

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12-27-07

Form 990 (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 7	3,902,059.
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,902,059.

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**MAKE-A-WISH FOUNDATION OF ALASKA,
MONTANA, NORTHERN IDAHO & WASHINGTON**

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	308,209.	45	247,923.
	46 Savings and temporary cash investments	127,457.	46	404,967.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable	1,588,993.		
	b Less: allowance for doubtful accounts	5,430.		
	49 Grants receivable			
	50 a Receivables from current and former officers, directors, trustees, and key employees			
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use			
	53 Prepaid expenses and deferred charges	25,885.	53	16,936.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,467,846.	54a	1,730,261.
	b Investments - other securities		54b	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
	56 Investments - other			
	57 a Land, buildings, and equipment: basis	633,925.		
b Less: accumulated depreciation	589,719.			
58 Other assets, including program-related investments (describe SEE STATEMENT 9)	133,501.	58	172,271.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,760,172.	59	4,200,127.	
Liabilities	60 Accounts payable and accrued expenses	156,216.	60	145,315.
	61 Grants payable		61	
	62 Deferred revenue	8,600.	62	53,289.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ACCRUED PENDING WISH COSTS)	716,755.	65	983,426.
66 Total liabilities. Add lines 60 through 65	881,571.	66	1,182,030.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,141,093.	67	2,319,049.
	68 Temporarily restricted	701,360.	68	662,400.
	69 Permanently restricted	36,148.	69	36,648.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,878,601.	73	3,018,097.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,760,172.	74	4,200,127.	

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**MAKE-A-WISH FOUNDATION OF ALASKA,
MONTANA, NORTHERN IDAHO & WASHINGTON**

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Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	▶ <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	▶ <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ WA		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	20
91 a	The books are in care of ▶ RHONDA CHONG Telephone no. ▶ 206-623-5359 Located at ▶ 811 FIRST AVENUE, SUITE 520, SEATTLE, WA ZIP + 4 ▶ 98104		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Form **990** (2007)

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	2,494.	
96 Dividends and interest from securities			14	136,810.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<79.>	
101 Net income or (loss) from special events			01	<118,418.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		20,807.	0.
105 Total (add line 104, columns (B), (D), and (E))					20,807.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here	Signature of officer _____	Date _____	
	Type or print name and title _____		
Paid Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MOSS ADAMS LLP 999 THIRD AVENUE, SUITE 2800 SEATTLE, WA 98104	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____	Phone no. 206-302-6500

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization	MAKE-A-WISH FOUNDATION OF ALASKA, MONTANA, NORTHERN IDAHO & WASHINGTON	Employer identification number	91 1329433
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ANNE K GILLINGHAM</u> 811 FIRST AVENUE, SUITE 520, SEATTLE,	VP OF DEVELOPMENT 40.00	71,054.	11,488.	
<u>DONNA L VERRETTO</u> 811 FIRST AVENUE, SUITE 520, SEATTLE,	VP OF WISHES 40.00	74,465.	20,333.	
<u>RHONDA G CHONG</u> 811 FIRST AVENUE, SUITE 520, SEATTLE,	ACCOUNTING MGR 40.00	56,472.	11,030.	
<u>BRIAN D LAWRENCE</u> 811 FIRST AVENUE, SUITE 520, SEATTLE,	CORP. DEVELOP MGR 40.00	62,189.	16,197.	
<u>BRIAN ROBERTS</u> 811 FIRST AVENUE, SUITE 520, SEATTLE,	SPEC EVENTS MGR 40.00	53,695.	4,243.	
Total number of other employees paid over \$50,000	2			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 13	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

MAKE-A-WISH FOUNDATION OF ALASKA,

Schedule A (Form 990 or 990-EZ) 2007

MONTANA, NORTHERN IDAHO & WASHINGTON

91-1329433

Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,462,035.	4,246,177.	4,057,709.	4,765,567.	18,531,488.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	348,792.	259,654.	281,082.	244,036.	1,133,564.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	60,795.	39,889.	25,157.	7,836.	133,677.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	5,871,622.	4,545,720.	4,363,948.	5,017,439.	19,798,729.
24 Line 23 minus line 17	5,522,830.	4,286,066.	4,082,866.	4,773,403.	18,665,165.
25 Enter 1% of line 23	58,716.	45,457.	43,639.	50,174.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 373,303.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,017,533.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 18,665,165.
d Add: Amounts from column (e) for lines: 18 <u>133,677.</u> 19 _____ 22 _____ 26b <u>2,017,533.</u>					26d 2,151,210.
e Public support (line 26c minus line 26d total)					26e 16,513,955.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.4747%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

723131 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

The schedule was completed including wish related in-kind contributions of services and uses of facilities. See Statement 1 for additional details.

08560324 099302 53329

53329__1

Part V Private School Questionnaire (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

MAKE-A-WISH FOUNDATION OF ALASKA,

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

		(a) Affiliated group totals	(b) To be completed for all electing organizations
Limits on Lobbying Expenditures		N/A	
(The term "expenditures" means amounts paid or incurred.)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
41	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

MAKE-A-WISH FOUNDATION OF ALASKA,
MONTANA, NORTHERN IDAHO & WASHINGTON

Employer identification number

91-1329433

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization MAKE-A-WISH FOUNDATION OF ALASKA, MONTANA, NORTHERN IDAHO & WASHINGTON	Employer identification number 91-1329433
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 516,447.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 344,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 10,075.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 305,147.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MAKE-A-WISH FOUNDATION OF ALASKA, MONTANA, NORTHERN IDAHO & WASHINGTON	Employer identification number 91-1329433
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 241,729.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 138,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 7,742.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MAKE-A-WISH FOUNDATION OF ALASKA, MONTANA, NORTHERN IDAHO & WASHINGTON	Employer identification number 91-1329433
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	AIR TRAVEL FOR WISHES	\$ 516,447.	VARIOUS
5	THANKSGIVING DAY PARADE PACKAGE, VARIOUS GOODS & SERVICES FOR WISHES	\$ 10,075.	VARIOUS
7	LODGING, PARK PASSES, AND MEALS	\$ 241,729.	VARIOUS
9	BOOKS, GIFT WRAP, GIFT CARDS, DRESSES, TUX RENTALS, OTHER MISCELLANEOUS GIFTS	\$ 7,742.	VARIOUS
		\$	
		\$	

FOOTNOTES

STATEMENT 1

THE MAKE-A-WISH FOUNDATION HAS CHOSEN TO REPORT DONATED GOODS AND SERVICES AND USE OF FACILITIES THAT ARE WISH RELATED AS PART OF ITS NON CASH REVENUE AND PROGRAM EXPENSE. THE IRS STATES THAT IN-KIND DONATIONS SHOULD BE BACKED OUT OF REVENUE AND EXPENSE FOR THE FORM 990.

EXCLUDING IN-KINDS WOULD NOT BE REPRESENTATIVE OF THE FOUNDATION'S OPERATIONS, AS IT WOULD GREATLY SKEW BOTH REVENUE AND PERCENTAGE OF TOTAL EXPENSES ALLOCATED TO PROGRAM WHEN COMPARED TO OTHER CHARITIES. THE VAST MAJORITY OF NON PROFIT ORGANIZATIONS DO NOT RELY ON IN-KINDS IN THE WAY THAT THE MAKE-A-WISH FOUNDATION DOES. THE FOUNDATION RELIES HEAVILY ON IN-KIND DONATIONS BECAUSE WISH GRANTING (OVER 50% OF THE COST OF A WISH IS DONATED IN-KIND) IS OUR MISSION.

THE IN-KIND DONATIONS ARE INSTRUMENTAL TO OUR PROGRAM AND IF WE DID NOT RECEIVE THEM, THE FOUNDATION WOULD NEED TO PURCHASE WISH SPECIFIC GOODS AND SERVICES IN ORDER TO FULFILL OUR MISSION. IN-KINDS ARE NECESSARY, NOT A VALUE ADDED PROPOSITION. THESE ITEMS ARE TANGIBLE (AIRLINE TICKETS, HOTEL ROOMS, PARK TICKETS) AND THE FOUNDATION HAS ALREADY BACKED OUT ADVERTISING AND OTHER REAL SERVICES NOT DIRECTLY ASSOCIATED WITH WISH GRANTING.

ADDITIONALLY, IN-KINDS COME FROM CORPORATIONS WHO ARE NOT TAKING THE DEDUCTION AS A TAX DEDUCTION BUT RATHER TREAT IT AS A BUSINESS EXPENSE. MOST IMPORTANTLY, THE FOUNDATION STILL PASSES THE PUBLIC SUPPORT TEST WHEN THESE ITEMS ARE BACKED OUT.

PART IV - BALANCE SHEET

LINE 57 - LAND, BUILDINGS, AND EQUIPMENT

EQUIPMENT AND COMPUTER SOFTWARE	489,933.
OFFICE FURNITURE	100,649.
LEASEHOLD IMPROVEMENTS	43,343.
	<hr/>
SUBTOTAL LINE 57A - LAND, BUILDINGS, AND EQUIPMENT	633,925.
LESS ACCUMULATED DEPRECIATION LINE 57B	<589,719.>
	<hr/>
NET LAND, BUILDINGS, AND EQUIPMENT	44,206.
	<hr/> <hr/>

Make-A-Wish Foudnation of Alaska, Montana, Northern Idaho & Washington (MAW)

Schedule A, Part IV-A, Public Support Test

For the year ended August 31, 2008

As indicated on Statement 1, MAW completes its public support test by including wish related in-kind contributions of services and uses of facilities. However, as indicated below, when MAW excludes the value of contributed services in completing the support schedule, it still passes the public support test as directed and instructed by the Internal Revenue Code and Regulations. MAW believes it clearly satisfies the public support test when the schedule is completed as noted in Schedule A, Part IV-A of the return but includes this additional schedule to illustrate the difference when in-kind services and facilities are removed.

	2006	2005	2004	2003	Total
15 Gifts, Grants, & Contributions	4,057,498	3,007,122	2,731,377	3,409,861	13,205,858
16 Membership Fees Received	0	0	0	0	0
17 Gross Receipts from Admissions	348,792	259,654	281,082	244,036	1,133,564
18 Gross income from int, div, & rents	60,795	39,889	25,157	7,836	133,677
19 UBTI	0	0	0	0	0
20 Tax Revenues	0	0	0	0	0
21 Value of Svs furn to org by gov't	0	0	0	0	0
22 Other Income	0	0	0	0	0
23 Total 15 thru 22	4,467,085	3,306,665	3,037,616	3,661,733	14,473,099
24 Line 23 minus 17	4,118,293	3,047,011	2,756,534	3,417,697	13,339,535
25 1% of Line 23	44,671	33,067	30,376	36,617	144,731
26a Enter 2% of amount in column (e), Line 24					266,791
26 b Contributors whose gifts for 2006 to 2003 exceeded the amount shown on Line 26a					1,304,021
26c Total support for section 509(a)(1) test: Enter line 24, column (e)					13,339,535
26d Add: Amounts from column (e) for lines:		18	133,677		
		19	0		
		22	0		
		26b	1,304,021		1,437,698
26e Public support (line 26c minus line 26d total)					11,901,837
26f Public support percentage (line 26e divided by 26c)					89.22%

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
LOSS ON SALE OF INVESTMENTS	1,124,158.	1,124,237.	0.	<79.>	
TO FORM 990, PART I, LINE 8	1,124,158.	1,124,237.	0.	<79.>	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)	
100.7 THE WOLF RADIOTHON	155,223.	155,223.			0.	
PRIEST LAKE GOLF	35,600.	22,616.	12,984.	12,685.	299.	
WISH NIGHT AUCTION & GALA	955,548.	683,879.	271,669.	358,015.	<86,346.>	
EASTSIDE LUNCHEON	50,665.	50,665.		11,067.	<11,067.>	
SOUTHSIDE LUNCHEON	27,928.	27,928.		2,183.	<2,183.>	
OTHER EVENTS	<4,605.>		<4,605.>	14,516.	<19,121.>	
TO FM 990, PART I, LINE 9	1,220,359.	940,311.	280,048.	398,466.	<118,418.>	

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
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<u>AFFILIATE'S NAME</u>	<u>AFFILIATE'S ADDRESS</u>
MAKE-A-WISH FOUNDATION OF AMERICA	3550 NORTH CENTRAL AVE., STE 300 PHOENIX, AZ 85012

<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
ANNUAL ASSESSMENT FEE	172,296.
TOTAL TO FORM 990, PART I, LINE 16	172,296.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
NET UNREALIZED LOSS ON INVESTMENTS	<249,581.>
TOTAL TO FORM 990, PART I, LINE 20	<249,581.>

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	6
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
WISHES GRANTED TO INDIVIDUAL CHILDREN	2,890,078.
TOTAL TO FORM 990, PART II, LINE 23	2,890,078.

DESCRIPTION OF PROGRAM SERVICE ONE

WISH PROGRAM - THE MAKE-A-WISH FOUNDATION OF ALASKA, MONTANA, NORTHERN IDAHO AND WASHINGTON GRANTS WISHES OF CHILDREN BETWEEN THE AGES OF 2-1/2 AND 18 YEARS OLD WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY. A TOTAL OF 3,756 WISHES HAVE BEEN GRANTED THROUGH AUGUST 31, 2008. THE AVERAGE COST OF A WISH DURING FISCAL YEAR 2008 WAS APPROXIMATELY \$8,400. AS OF AUGUST 31, 2008, THE FOUNDATION HAD 259 PENDING WISHES.

DURING THE 2007-2008 FISCAL YEAR, 285 WISHES WERE GRANTED FOR CHILDREN LIVING WITHIN THE CHAPTER'S TERRITORY. OUR ORGANIZATION HOSTED ANOTHER 39 CHILDREN FROM OTHER STATES AND COUNTRIES WHOSE WISHES WERE GRANTED WITHIN OUR REGION. BELOW ARE JUST A FEW EXAMPLES OF WISHES GRANTED:

- A 5-YEAR-OLD BOY FROM BUTTE, MONTANA, WISHED TO GO TO DISCOVERY COVE AND SWIM WITH THE DOLPHINS.
- A 15-YEAR-OLD GIRL FROM PASCO, WASHINGTON, WISHED TO HAVE A QUINCEANERA PARTY.
- A 6-YEAR-OLD GIRL FROM PORT ORCHARD, WASHINGTON, WISHED TO BE A BALLERINA FOR A DAY.
- A 5-YEAR-OLD BOY FROM NORTH POLE, ALASKA, WISHED TO GO TO DISNEY WORLD.

MORE THAN 500 CAREFULLY-TRAINED VOLUNTEERS DONATED THEIR TIME, COMPASSION AND CREATIVITY TO MAKE EACH WISH COME TRUE THIS YEAR. FURTHERMORE, GENEROUS DONORS PROVIDED US WITH THE FINANCIAL AND IN-KIND RESOURCES NECESSARY TO CREATE WISH EXPERIENCES THAT CONSISTENTLY EXCEEDED WISH KIDS' EXPECTATIONS.

WE ARE PROUD OF HOW WE STEWARD GIFTS AND MANAGE OUR FUNDS. FULLY 78% OF OUR FUNDS WERE DEDICATED TO EXPENSES RELATED TO WISH-GRANTING, WHILE FUNDRAISING EXPENSES CONSUMED 15% OF OUR FUNDS AND ADMINISTRATIVE OVERHEAD ACCOUNTED FOR THE REMAINING 7%.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	3,902,059.	3,902,059.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

GRANTING WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
INTEREST IN SPLIT-INTEREST AGREEMENT	22,450.	0.
DUE FROM NATIONAL ORGANIZATION	43,832.	79,535.
DUE FROM OTHER CHAPTERS	19,792.	20,787.
OTHER ASSETS	47,427.	71,949.
TOTAL TO FORM 990, PART IV, LINE 58	133,501.	172,271.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SMITH BARNEY MUTUAL FUNDS	FMV			1,730,261.	1,730,261.
TO FORM 990, LINE 54A, COL B				1,730,261.	1,730,261.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 11
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BARRY K. MCCONNELL 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	PRESIDENT & CEO 40.00	150,469.	39,155.	0.
MARGARET A. KNIGHT 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	VP OF FINANCE & ADMINISTRATION 40.00	96,772.	20,746.	0.
TOM NORWALK 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	BOARD CHAIR 0.50	0.	0.	0.
LEE HOLMES 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	SECRETARY 0.50	0.	0.	0.
SCOTT MAW 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TREASURER 0.50	0.	0.	0.
MARK MITCHKE 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	CHAIR ELECT 0.50	0.	0.	0.
RANDALL MILES 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	IMMEDIATE PAST CHAIR 0.50	0.	0.	0.
SCOTT ARMSTRONG 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
JACK ARNDT 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
MARK BARNUM 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
JEFF BERGLUND 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.

CAROL BUTLER 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
MARSHA EDERER 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
RAMONA EMERSON 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
DANIEL J. EVANS, JR 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
BROOKE KEMBER 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
DEBORAH KEPLER 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
MICHAEL KIRSCHNER 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
DOROTHY LING 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
KURT MARTENS 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
DAVE MILLER 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
BRIAN MOCK 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
DEREK SNEAD 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.
LINDSAY SOVDE 811 FIRST AVENUE, SUITE 520 SEATTLE, WA 98104	TRUSTEE 0.50	0.	0.	0.

DAVID STEDMAN	TRUSTEE			
811 FIRST AVENUE, SUITE 520	0.50	0.	0.	0.
SEATTLE, WA 98104				
TOM THOEN	TRUSTEE			
811 FIRST AVENUE, SUITE 520	0.50	0.	0.	0.
SEATTLE, WA 98104				
ANN WILLIAMS	TRUSTEE			
811 FIRST AVENUE, SUITE 520	0.50	0.	0.	0.
SEATTLE, WA 98104				
TOM WYBENGA	TRUSTEE			
811 FIRST AVENUE, SUITE 520	0.50	0.	0.	0.
SEATTLE, WA 98104				
TERRY WYNIA	TRUSTEE			
811 FIRST AVENUE, SUITE 520	0.50	0.	0.	0.
SEATTLE, WA 98104				

TOTALS INCLUDED ON FORM 990, PART V-A		247,241.	59,901.	0.
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FOOTNOTES

STATEMENT 12

FORM 990, PAGE 2, PART II, LINE 23

ANY CHILD BETWEEN THE AGES OF 2 1/2 AND 18 YEARS WITH A LIFE-THREATENING MEDICAL CONDITION AS ATTESTED BY THEIR PHYSICIAN QUALIFIES TO RECEIVE A WISH FROM THE FOUNDATION.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 13

PAYMENTS OF COMPENSATION THAT ARE REASONABLE AND NOT EXCESSIVE HAVE BEEN MADE TO VARIOUS OFFICERS AND EMPLOYEES FOR SERVICES PURSUANT TO THE ORGANIZATION'S EXEMPT FUNCTION. OTHER THAN THESE PAYMENTS, THE ORGANIZATION KNOWS OF NO SIGNIFICANT TRANSACTIONS BETWEEN IT AND OTHER PERSONS DESCRIBED ABOVE, NOR ANY ORGANIZATION WITH WHICH SUCH PERSON IS AFFILIATED.