

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: E-DIALOG, INC.

(I) ADDRESS OF FUNDRAISER: PO BOX 414045, BOSTON, MA 02241-4045

(I) NAME OF FUNDRAISER: RESPONSYS INC.

(I) ADDRESS OF FUNDRAISER:

DEPT. 33273 PO BOX 39000, SAN FRANCISCO, CA 94139-3273

(I) NAME OF FUNDRAISER: THOMPSON HABIB DENISON

(I) ADDRESS OF FUNDRAISER:

80 HAYDEN AVENUE, SUITE 300, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: THE PHOENIX PHILANTHROPY GROUP

(I) ADDRESS OF FUNDRAISER: 3301 E. GLENROSA AVENUE, PHOENIX, AZ 85018

SCHEDULE G, PART I, LINE 2B, COLUMN (V): WITH THE EXCEPTION OF MOBILE

ACCORD, THE FUNDRAISERS FOUNDATION ENGAGES PROFESSIONAL FUNDRAISERS ON A

'FIXED FEE' OR 'TIME AND EXPENSES' BASIS TO DESIGN FUNDRAISING CAMPAIGNS

AND TO PROVIDE ADVICE ABOUT SELECTED TARGET MARKETS OR TYPES OF

FUNDRAISING ACTIVITIES. ONCE DESIGNED, THE FUNDRAISING CAMPAIGNS ARE

MANAGED BY STAFF OF THE FOUNDATION. AS SUCH, THE PROFESSIONAL FUNDRAISERS

EMPLOYED BY THE FOUNDATION DO NOT HAVE CUSTODY OR CONTROL OF ANY

FOUNDATION CONTRIBUTIONS AND DO NOT PARTICIPATE IN EXECUTING THE CAMPAIGN

STRATEGY.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization **MAKE-A-WISH FOUNDATION OF AMERICA** Employer identification number **86-0481941**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MAWF OF ALASKA & WASHINGTON 811 1ST AVENUE, #520 SEATTLE, WA 98104	91-1329433	501(C)(3)	863,415.	253,087.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF ARIZONA 711 E. NORTHERN AVENUE PHOENIX, AZ 85020	86-0409636	501(C)(3)	1,250,014.	65,621.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF CENTRAL & NORTHERN FLORIDA 1020 NORTH ORLANDO AVENUE, SUITE 1 MAITLAND, FL 32751	59-3235806	501(C)(3)	852,075.	43,531.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF CENTRAL & SOUTH TEXAS 2224 WALSH TARLTON LANE, SUITE 200 AUSTIN, TX 78746	74-2357788	501(C)(3)	567,019.	45,229.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF CENTRAL & WESTERN NORTH CAROLINA - JOHNSTON BUILDING, 212 S. TRYON ST., SUITE 1080 - CHARLOTTE, NC 28281	56-1492432	501(C)(3)	535,837.	25,778.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF CENTRAL CALIFORNIA 351 W. CROMWELL AVENUE, SUITE 112- FRESNO, CA 93711	77-0116530	501(C)(3)	248,308.	10,639.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **62.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

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

Schedule I (Form 990) (2011)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF CENTRAL NEW YORK 5005 CAMPUSWOOD DRIVE EAST SYRACUSE, NY 13057	22-2572086	501(C)(3)	188,699.	8,260.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF COLORADO 7951 E. MAPLEWOOD AVENUE, SUITE 12 GREENWOOD VILLAGE, CO 80111	74-2273004	501(C)(3)	486,501.	48,786.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF CONNECTICUT 126 MONROE TURNPIKE TRUMBULL, CT 06611	22-2710919	501(C)(3)	540,330.	22,381.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF EAST TENNESSEE 510 SOUTH WILLOW STREET CHATTANOOGA, TN 37404	58-1799549	501(C)(3)	135,315.	29,465.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF EASTERN NORTH CAROLINA 2880 SLATER ROAD, SUITE 105 MORRISVILLE, NC 27560	58-1792140	501(C)(3)	581,564.	27,042.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GEORGIA & ALABAMA 1775 THE EXCHANGE SE, SUITE 200 ATLANTA, GA 30339	58-2146828	501(C)(3)	1,268,671.	53,709.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GREATER BAY AREA 55 HAWTHORNE STREET, 8TH FLOOR SAN FRANCISCO, CA 94105	94-2958481	501(C)(3)	690,564.	42,090.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GREATER LOS ANGELES 1875 CENTURY PARK EAST, SUITE 950 LOS ANGELES, CA 90067	95-4107024	501(C)(3)	2,370,528.	56,374.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GREATER PENNSYLVANIA & SOUTHERN WEST VIRGINIA - THE GULF TOWER, 707 GRANT STREET, 37TH FLOOR - PITTSBURGH, PA 15219	25-1464177	501(C)(3)	572,710.	106,410.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF GREATER VIRGINIA 2810 N. PARHAM ROAD, SUITE 302 RICHMOND, VA 23294	54-1429614	501(C)(3)	445,975.	36,950.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF GUAM 590 SOUTH MARINE CORPS DRIVE, INTERNATIONAL TRADE CENTER, SUITE 125 - TAMUNI			38,677.	250.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF HAWAII PO BOX 1877 HONOLULU, HI 96805	99-0220777	501(C)(3)	267,803.	1,552.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF HUDSON VALLEY 832 SOUTH BROADWAY, THE WISH HOUSE TARRYTOWN, NY 10591	13-3344306	501(C)(3)	521,398.	25,201.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF IDAHO 4355 EMERALD STREET, SUITE 280 BOISE, ID 83706	82-0408150	501(C)(3)	157,540.	11,674.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF ILLINOIS 640 NORTH LASALLE DRIVE, SUITE 280 CHICAGO, IL 60654	36-3422138	501(C)(3)	2,222,604.	82,357.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF INTERNATIONAL 4742 N. 24TH STREET, SUITE 400 PHOENIX, AZ 85016	86-0726985	501(C)(3)	427,966.	1,622.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF IOWA 3024 104TH STREET URBANDALE, IA 50322	42-1310530	501(C)(3)	169,074.	29,410.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF KANSAS 2016 NORTH AMIDON WICHITA, KS 67203	48-0984820	501(C)(3)	131,976.	20,783.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF MAINE 477 CONGRESS STREET, SUITE M1 PORTLAND, ME 04101	01-0477512	501(C)(3)	178,233.	20,886.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MASSACHUSETTS & RHODE ISLAND - ONE BULLFINCH PLACE, 2ND FLOOR - BOSTON, MA 02114	22-2867371	501(C)(3)	1,025,313.	68,091.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF METRO NEW YORK 1111 MARCUS AVENUE, SUITE LL22 LAKE SUCCESS, NY 11042	11-2645641	501(C)(3)	2,242,015.	117,863.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MICHIGAN 2300 GENOA BUSINESS PARK DRIVE, SUITE 290 - BRIGHTON, MI 48114	38-2505812	501(C)(3)	1,051,817.	47,890.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF THE MID-ATLANTIC 5272 RIVER ROAD, SUITE 700 BETHESDA, MD 20816	52-1306075	501(C)(3)	1,528,741.	71,360.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MIDDLE TENNESSEE 8119 ISABELLA LANE, SUITE 105A BRENTWOOD, TN 37027	62-1833327	501(C)(3)	245,101.	11,714.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF THE MID-SOUTH 1780 MORIAH WOODS BLVD., SUITE 10 MEMPHIS, TN 38117	62-1253153	501(C)(3)	271,001.	26,479.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MINNESOTA 615 FIRST AVENUE NE, SUITE 415 MINNEAPOLIS, MN 55413	41-1422893	501(C)(3)	881,448.	42,895.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MISSISSIPPI 576 HIGHLAND COLONY PKWY, SUITE 120 RIDGELAND, MS 39157	64-0730362	501(C)(3)	189,444.	13,738.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF MISSOURI 600 KELLWOOD PARKWAY CHESTERFIELD, MO 63017	43-1550697	501(C)(3)	734,471.	33,230.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF MONTANA 175 N. 27TH STREET, SUITE 1214 BILLINGS, MT 59101			55,442.	0.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NEBRASKA 11926 ARBOR STREET, SUITE 102 OMAHA, NE 68144	47-0671096	501(C)(3)	143,353.	10,366.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NEW HAMPSHIRE 814 ELM STREET, SUITE 300 MANCHESTER, NH 03101	02-0405369	501(C)(3)	241,894.	5,750.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NEW JERSEY 1347 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	22-2488495	501(C)(3)	1,632,036.	57,118.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NEW MEXICO 144 LOUISIANA BLVD NE ALBUQUERQUE, NM 87108	85-0347088	501(C)(3)	206,688.	28,107.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NORTH DAKOTA 1102 43RD STREET SOUTH, SUITE E FARGO, ND 58103	45-0393770	501(C)(3)	70,999.	4,783.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NORTH TEXAS 6655 DESEO IRVING, TX 75039	75-1889666	501(C)(3)	1,395,025.	92,244.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NORTHEAST NEW YORK ONE MUSTANG DRIVE COHOES, NY 12047	14-1703503	501(C)(3)	166,264.	19,940.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF NORTHERN NEVADA 1575 DELUCCHI LANE RENO, NV 89502	88-0183672	501(C)(3)	140,647.	1,250.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF NORTHERN WEST VIRGINIA 3711 MORGANTOWN INDUSTRIAL PARK MORGANTOWN, WV 26501	55-0694311	501(C)(3)	51,656.	24,697.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF OHIO, KENTUCKY, & INDIANA 2545 FARMERS DRIVE, SUITE 300 COLUMBUS, OH 43235	34-1471131	501(C)(3)	1,642,131.	150,561.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF OKLAHOMA 5201 NORTH SHARTEL AVENUE OKLAHOMA CITY, OK 73118	73-1176743	501(C)(3)	209,849.	20,002.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF ORANGE COUNTY & INLAND EMPIRE - 14232 RED HILL AVENUE - TUSTIN, CA 92780	33-0036556	501(C)(3)	842,693.	20,971.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF OREGON 2000 SW 1ST AVENUE, SUITE 410 PORTLAND, OR 97201	82-0385049	501(C)(3)	390,349.	102,671.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF PHILADELPHIA & SUSQUEHANNA VALLEY - 1 VALLEY SQUARE, SUITE 133 - BLUE BELL, PA 19422	22-2755963	501(C)(3)	571,655.	21,316.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF PUERTO RICO 100 GRAN BULEVAR PASEOS, SUITE 112, MSC 476 - SAN JUAN, PUERTO RICO 00926			70,510.	2,435.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF THE RIO GRANDE VALLEY ONE PARK PLACE, SUITE 405 MCALLEN, TX 78503	74-2850325	501(C)(3)	60,470.	6,890.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF SACRAMENTO & NORTHEAST CALIFORNIA - 2800 CLUB CENTER DRIVE - SACRAMENTO, CA 95835	68-0027351	501(C)(3)	447,116.	15,298.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SAN DIEGO 2440 HOTEL CIRCLE NORTH, SUITE 200 SAN DIEGO, CA 92108	33-0039466	501(C)(3)	435,033.	79,255.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SOUTH CAROLINA 225 SOUTH PLEASANTBURG DRIVE, B8 GREENVILLE, SC 29607	57-0786119	501(C)(3)	287,075.	20,908.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SOUTH DAKOTA 1400 WEST 17TH STREET SIOUX FALLS, SD 57104	46-0375953	501(C)(3)	58,969.	38,424.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SOUTHERN FLORIDA 4491 S. STATE ROAD 7, SUITE 201 FT. LAUDERDALE, FL 33314	59-2620322	501(C)(3)	930,080.	51,079.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SOUTHERN NEVADA 5105 S. DURANGO DRIVE, SUITE 100 LAS VEGAS, NV 89113	88-0371088	501(C)(3)	263,687.	10,224.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF SUFFOLK COUNTY 1 COMAC LOOP, SUITE 1A1 RONKONKOMA, NY 11779	11-2666969	501(C)(3)	278,858.	13,449.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF TEXAS GULF COAST & LOUISIANA - 1604 BISSONNET - HOUSTON, TX 77005	76-0116615	501(C)(3)	820,131.	71,886.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF TEXAS PLAINS 411 SOUTH FILLMORE AMARILLO, TX 79101	75-1966883	501(C)(3)	0.	144.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAWF OF TRI-COUNTIES 4222 MARKET STREET, SUITE D VENTURA, CA 93003	77-0098671	501(C)(3)	308,625.	23,185.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF UTAH 771 EAST WINCHESTER MURRAY, UT 84107	74-2392822	501(C)(3)	302,537.	33,647.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF VERMONT 100 DORSET STREET, SUITE 14 SOUTH BURLINGTON, VT 05403	03-0323013	501(C)(3)	77,869.	16,934.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF WISCONSIN 13195 WEST HAMPTON AVENUE BUTLER, WI 53007	39-1543541	501(C)(3)	370,641.	51,127.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS
MAWF OF WYOMING PO BOX 273 CASPER, WY 82602	83-0276233	501(C)(3)	47,044.	6,265.	FMV	TRAVEL, M & E, SUPPLIES	FUNDING FOR OPERATIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: THE FOUNDATION PROVIDES GRANTS AND SCHOLARSHIPS

TO AFFILIATED CHAPTERS FOR THE PURPOSE OF GRANTING THE WISHES OF CHILDREN

WITH LIFE-THREATENING MEDICAL CONDITIONS. THE FOUNDATION'S CHAPTERS OPERATE

UNDER INDIVIDUAL CHAPTER AGREEMENTS WHICH DEFINE THE TERMS AND CONDITIONS

UNDER WHICH A CHAPTER IS GRANTED THE RIGHTS AND PRIVILEGES OF BEING A

CHAPTER, AS WELL AS THE DUTIES AND OBLIGATIONS ASSOCIATED WITH THAT

PRIVILEGE. BY ENTERING INTO THE CHAPTER AGREEMENT, THE CHAPTER AGREES TO

COMPLY WITH THE POLICIES OF THE FOUNDATION. TO ENSURE COMPLIANCE WITH THE

POLICIES, EACH CHAPTER AGREES TO PERMIT THE FOUNDATION'S DESIGNATED

**Part IV Supplemental Information**

REPRESENTATIVES TO INSPECT THE CHAPTER'S BOOKS AND RECORDS AND TO INTERVIEW

CHAPTER'S DIRECTORS, OFFICERS, EMPLOYEES AND VOLUNTEERS AT ANY REASONABLE

TIME AND UPON REASONABLE NOTICE. IN ADDITION, THE FOUNDATION'S COMPLIANCE

TEAM VISITS ALL CHAPTERS ON A ROTATING BASIS TO FURTHER ENSURE COMPLIANCE

WITH THE POLICIES FOR THE ACCEPTANCE AND USE OF GRANTS AND SCHOLARSHIPS.

MAKE-A-WISH FOUNDATION OF AMERICA DOES NOT PROVIDE CASH GRANTS TO

INDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET

THE SPECIFIC CRITERIA FOR THE WISH-GRANTING PROGRAM. THE ORGANIZATION

ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE

EXCEPTION OF TRAVEL STIPENDS (I.E. MEALS, TIPS , GAS, ETC. ) FROM A

STANDARDIZED WISH BUDGET. ALL WISH EXPENSES ARE DEVELOPED BY THE DIRECTOR

OF PROGRAM SERVICES AND ARE APPROVED BY THE PRESIDENT/CEO. THE SUPPORTING

WISH EXPENSE DOCUMENTATION (I.E. INVOICES AND STATEMENTS) IS RETAINED BY

THE ORGANIZATION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number

86-0481941

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> 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. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	X								
	<b>4b</b>	X								
	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	X								
	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	X								
	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID WILLIAMS	(i)	365,587.	81,393.	0.	24,237.	0.	471,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DAVID MULVIHILL	(i)	226,492.	22,500.	0.	17,873.	0.	266,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DEBORAH THOMPSON	(i)	152,183.	5,407.	0.	11,461.	0.	169,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 PAUL ALLVIN	(i)	174,784.	8,860.	0.	8,420.	0.	192,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KATHLEEN FORSHEY	(i)	184,840.	17,700.	0.	16,176.	0.	218,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KURT KROEMER	(i)	232,970.	23,700.	0.	23,436.	0.	280,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ELIZABETH LABORDE	(i)	230,648.	22,500.	0.	11,602.	0.	264,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **MAKE-A-WISH FOUNDATION OF AMERICA** Employer identification number **86-0481941**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	13	39,165.	AVERAGE MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( OTHER: AIRLIN )	X	1,547	1,802,879.	RESALE VALUE
26 Other ▶ ( OTHER: GIFT C )	X	3,226	264,174.	RESALE VALUE
27 Other ▶ ( OTHER: SPAS )	X	35	247,125.	RESALE VALUE
28 Other ▶ ( OTHER: FURNIT )	X	10	60,836.	RESALE VALUE

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

OTHER: COMPUTERS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 2

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 41617.

(D) METHOD OF DETERMINING REVENUE: RESALE VALUE

OTHER: TOYS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1992

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 35691.

(D) METHOD OF DETERMINING REVENUE: RESALE VALUE

OTHER: SPORTING TICKETS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 284

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 28521.

(D) METHOD OF DETERMINING REVENUE: RESALE VALUE

OTHER: LODGING

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 502000

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 26097.

(D) METHOD OF DETERMINING REVENUE: RESALE VALUE

OTHER: TRAVEL

(A) CHECK IF APPLICABLE = X

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

(B) NUMBER OF CONTRIBUTORS = 10

(C) REVENUE REPORTED ON FORM 990, PART VIII § 9398.

(D) METHOD OF DETERMINING REVENUE: RESALE VALUE

OTHER: PET GOODS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 8

(C) REVENUE REPORTED ON FORM 990, PART VIII § 6203.

(D) METHOD OF DETERMINING REVENUE: RESALE VALUE

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING IN

COLUMN (B) A COMBINATION OF BOTH THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED

SCHEDULE M, LINE 32B: THE FOUNDATION USES THE SERVICES OF A THIRD

PARTY STOCK BROKER TO SELL DONATED SECURITIES



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF AMERICA

Employer identification number

86-0481941

FORM 990, PART I, LINE 1

THE MAKE-A-WISH FOUNDATION'S MISSION IS TO GRANT THE WISHES OF CHILDREN  
WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE  
WITH HOPE, STRENGTH AND JOY.

FORM 990, PART III, LINE 1

THE MAKE-A-WISH FOUNDATION IS THE LARGEST WISH-GRANTING ORGANIZATION IN  
THE WORLD. ITS MISSION IS TO GRANT THE WISHES OF CHILDREN WITH  
LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH  
HOPE, STRENGTH AND JOY. THE FOUNDATION'S WISH-GRANTING EFFORTS CREATE A  
LIFE-CHANGING IMPACT FOR THE CHILDREN WHO ARE GRANTED A WISH, AS WELL  
AS THEIR FRIENDS AND FAMILIES, REFERRAL SOURCES, DONORS, SPONSORS AND  
EVEN ENTIRE COMMUNITIES. FOUNDED IN 1980 WHEN A GROUP OF CARING  
VOLUNTEERS HELPED A BOY FULFILL HIS DREAM OF BECOMING A POLICE OFFICER,  
THE FOUNDATION NOW HAS GRANTED MORE THAN 226,000 WISHES TO CHILDREN IN  
THE UNITED STATES AND ITS TERRITORIES. ALTHOUGH IT HAS BECOME ONE OF  
THE WORLD'S MOST WELL-KNOWN CHARITIES, THE MAKE-A-WISH FOUNDATION HAS  
MAINTAINED THE GRASSROOTS FULFILLMENT OF ITS MISSION. A NETWORK OF  
NEARLY 25,000 VOLUNTEERS ENABLES THE FOUNDATION TO SERVE CHILDREN WITH  
LIFE-THREATENING MEDICAL CONDITIONS. VOLUNTEERS WORK AS WISH GRANTERS,  
FUNDRAISERS, SPECIAL EVENTS ASSISTANTS, LANGUAGE INTERPRETERS AND IN  
NUMEROUS OTHER CAPACITIES. THE MAKE-A-WISH FOUNDATION FINANCES ITS WORK  
THROUGH INDIVIDUAL CONTRIBUTIONS, CORPORATE DONATIONS, FOUNDATION  
GRANTS AND PLANNED GIFTS. IT RECEIVES NO FEDERAL, STATE OR LOCAL

GOVERNMENT FUNDING. WISHES ARE GRANTED REGARDLESS OF THE CHILD'S RACE,

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization MAKE-A-WISH FOUNDATION OF AMERICA	Employer identification number 86-0481941
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SOCIOECONOMIC STATUS, RELIGIOUS BELIEFS OR ANY OTHER DEMOGRAPHIC

CATEGORY. REFERRALS FOR WISHES COME FROM CHILDREN'S PARENTS OR

GUARDIANS, MEMBERS OF THE MEDICAL COMMUNITY AND THE CHILDREN

THEMSELVES. WHEN A WISH TEAM FIRST VISITS A CHILD, THE VOLUNTEERS START

WITH ONE SIMPLE QUESTION: "IF YOU COULD HAVE ONE WISH, WHAT WOULD IT

BE?" WISHES TYPICALLY FALL INTO ONE OF FOUR CATEGORIES: "I WISH TO

GO..." "I WISH TO MEET..." "I WISH TO BE..." OR "I WISH TO HAVE..."

GRANTING A WISH CREATES A MAGICAL MOMENT FOR SERIOUSLY ILL CHILDREN AT

A TIME WHEN THEY NEED JOY THE MOST. THE FOUNDATION MAKES EVERY EFFORT

TO INCLUDE IMMEDIATE FAMILY IN THE CHILD'S WISH BECAUSE WATCHING A

DREAM COME TRUE CREATES HOPE, STRENGTH AND JOY FOR EVERYONE INVOLVED IN

THE WISH EXPERIENCE. THE FOUNDATION IS DEDICATED TO MAKING EVERY

ELIGIBLE CHILD'S WISH COME TRUE. FOR MORE INFORMATION ABOUT THE

MAKE-A-WISH FOUNDATION, CALL 1-800-722-WISH (9474) OR VISIT WISH.ORG.

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION'S BOARD OF DIRECTORS

HAS DELEGATED THE PRIMARY REVIEW OF THE FORM 990 TO ITS AUDIT AND FINANCE

COMMITTEE ("AFC"). THE FOUNDATION'S CHIEF FINANCIAL OFFICER WORKED CLOSELY

WITH THE FOUNDATION'S OUTSIDE ACCOUNTING FIRM TO PREPARE AND ENSURE THE

ACCURACY OF THE FORM 990. THE AFC HAS THE RIGHT TO MAKE INQUIRIES OF ANY

PERSONNEL INVOLVED IN THE PREPARATION PROCESS OF THE FORM 990, INCLUDING

THE CHIEF TALENT OFFICER AND MEMBERS OF THE SENIOR LEADERSHIP TEAM. THE AFC

ALSO MET WITH THE OUTSIDE ACCOUNTING FIRM HIRED TO PREPARE THE FORM 990.

EACH MEMBER OF THE BOARD OF DIRECTORS WAS PROVIDED WITH A COMPLETE COPY OF

THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION ADOPTED A

132212  
01-23-12

Name of the organization MAKE-A-WISH FOUNDATION OF AMERICA	Employer identification number 86-0481941
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"STATEMENT OF VALUES, CODE OF ETHICS AND CONFLICT OF INTEREST POLICY" IN 2004 WITH WHICH ALL OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS ARE REQUIRED TO COMPLY AND ACKNOWLEDGE BY SIGNING, UPON THEIR INITIAL INVOLVEMENT WITH THE FOUNDATION AND ANNUALLY THEREAFTER, AN "ANNUAL CONFLICT OF INTEREST AND ETHICS ASSURANCE STATEMENT" (THE "COI STATEMENT"). EFFECTIVE JULY 2009, THE COI STATEMENT WAS EXPANDED TO INCLUDE AN ADDENDUM IN WHICH OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FAMILY AND/OR BUSINESS RELATIONSHIPS THEY MAY HAVE WITH OTHER OFFICERS, DIRECTORS OR KEY EMPLOYEES OF THE FOUNDATION. THE SECRETARY OF THE BOARD IS CHARGED WITH ENSURING THE COI STATEMENT AND ADDENDUM ARE SIGNED EACH YEAR BY DIRECTORS, WHILE THE FOUNDATION'S HUMAN RESOURCES DEPARTMENT IS CHARGED WITH ENSURING THOSE DOCUMENTS ARE SIGNED BY OFFICERS AND KEY EMPLOYEES. IF ANY COVERED PERSON DISCLOSES A POTENTIAL OR ACTUAL CONFLICT, THE FOLLOWING PROCEDURE IS FOLLOWED: (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD; (2) THE COVERED PERSON RESPONDS TO ANY FACTUAL QUESTIONS FROM THE BOARD RELATED TO THE DISCLOSED CONFLICT; AND (3) THE BOARD, WITHOUT THE COVERED PERSON, DISCUSSES THE CONFLICT AND APPROVES OR DISAPPROVES THE PROPOSED TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE TOTAL COMPENSATION (INCLUDING BASE SALARY, BENEFITS AND INCENTIVE PAYMENTS) OF THE FOUNDATION'S CEO, OFFICERS AND KEY EMPLOYEES FOR 2011 WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, WHICH IS COMPRISED SOLELY OF INDEPENDENT DIRECTORS NONE OF WHOM HAD A CONFLICT OF INTEREST WITH RESPECT TO THE PROPOSED COMPENSATION ARRANGEMENTS. THE COMPENSATION REVIEW /APPROVAL PROCESS INCLUDED SUBSTANTIAL INPUT FROM THE FOUNDATION'S COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE AND EXECUTIVE COMMITTEE (COLLECTIVELY, THE "COMMITTEES"), AS WELL AS AN INDEPENDENT COMPENSATION AND BENEFITS

Name of the organization MAKE-A-WISH FOUNDATION OF AMERICA	Employer identification number 86-0481941
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SPECIALIST ("INDEPENDENT EXPERT") RETAINED TO ADVISE THE FOUNDATION IN SUCH MATTERS. AMONG OTHER THINGS, THE COMMITTEES AND THE INDEPENDENT EXPERT REVIEWED APPROPRIATE COMPARABILITY INFORMATION REGARDING THE COMPENSATION PAID BY OTHER SIMILARLY SITUATED NONPROFIT ORGANIZATIONS TO THEIR CEOS AND TOP MANAGEMENT OFFICIALS TO ENSURE THAT THE COMPENSATION PROPOSED FOR THE CORRESPONDING EXECUTIVE AT THE FOUNDATION WAS REASONABLE AND APPROPRIATE BASED ON COMPARABLE MARKET DATA. THE FOUNDATION'S CONTEMPORANEOUS RECORDS INCLUDE (1) THE TERMS OF THE COMPENSATION ARRANGEMENTS (INCLUDING THE DATES THEY WERE APPROVED), (2) THE NAMES OF BOARD/COMMITTEE MEMBERS WHO WERE PRESENT DURING THE DISCUSSIONS AND WHO VOTED ON THE ARRANGEMENTS, AND (3) A DESCRIPTION OF THE COMPARABILITY DATA RELIED UPON BY THE FOUNDATION BEFORE THE COMPENSATION ARRANGEMENTS WERE APPROVED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH

NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: ALTHOUGH FEDERAL TAX LAWS DO NOT MANDATE THAT AN ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE FOUNDATION POSTS ITS ANNUAL REPORT, COMBINED FINANCIAL STATEMENTS, CONSOLIDATED FINANCIAL STATEMENTS AND FORM 990 ON ITS WEB SITE (HTTP://WISH.ORG/ABOUT/MANAGING OUR FUNDS) AND ALSO MAKES SUCH DOCUMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST

FORM 990, PART VI, LINE 10B

THE FOUNDATION'S CHAPTERS OPERATE UNDER INDIVIDUAL CHAPTER AGREEMENTS

132212  
01-23-12

Name of the organization MAKE-A-WISH FOUNDATION OF AMERICA	Employer identification number 86-0481941
---	--

WHICH DEFINE THE TERMS AND CONDITIONS UNDER WHICH A CHAPTER IS GRANTED THE RIGHTS AND PRIVILEGES OF BEING A CHAPTER, AS WELL AS THE DUTIES AND OBLIGATIONS ASSOCIATED WITH THAT PRIVILEGE. BY ENTERING INTO THE CHAPTER AGREEMENT, THE CHAPTER AGREES TO COMPLY WITH, AND BE BOUND BY, THE TERMS OF THE CHAPTER AGREEMENT, THE FOUNDATION'S BYLAWS AND THE POLICIES OF THE FOUNDATION, INCLUDING BUT NOT LIMITED TO THE "GOVERNING POLICIES, PERFORMANCE STANDARDS AND GUIDELINES" ("POLICIES"), THE LATEST REVISION OF WHICH IS DATED APRIL 2012. TO ENSURE COMPLIANCE WITH THE POLICIES, EACH CHAPTER AGREES TO PERMIT THE FOUNDATION'S DESIGNATED REPRESENTATIVES TO INSPECT THE CHAPTER'S BOOKS AND RECORDS AND TO INTERVIEW CHAPTER'S DIRECTORS, OFFICERS, EMPLOYEES AND VOLUNTEERS AT ANY REASONABLE TIME AND UPON REASONABLE NOTICE. IN ADDITION, THE FOUNDATION'S COMPLIANCE TEAM VISITS ALL CHAPTERS ON A ROTATING BASIS TO FURTHER ENSURE COMPLIANCE WITH THE POLICIES.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	601,938.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-61,175.
ROUNDING	4.
TOTAL TO FORM 990, PART XI, LINE 5	540,767.

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization: **MAKE-A-WISH FOUNDATION OF AMERICA**  
Employer identification number: **86-0481941**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MAWF OF NORTHERN NEVADA - 88-0183672 910 PYRAMID WAY SPARKS, NY 89431	WISH GRANTING	NEVADA	501(C)(3)	LINE 7: 170(B)(1)(A)	MAWF	X	
MAWF OF TEXAS PLAINS - 75-1966883 411 S FILLMORE ST AMARILLO, TX 79101	WISH GRANTING	TEXAS	501(C)(3)	LINE 7: 170(B)(1)(A)	MAWF	X	

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Sale of assets to related organization(s) .....		X
<b>g</b> Purchase of assets from related organization(s) .....		X
<b>h</b> Exchange of assets with related organization(s) .....		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>n</b> Sharing of paid employees with related organization(s) .....		X
<b>o</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>p</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>q</b> Other transfer of cash or property to related organization(s) .....		X
<b>r</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MAKE-A-WISH FOUNDATION OF NORTHERN NEVADA	B	141,897.	PER AGREEMENT
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



# Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>Make-A-Wish Foundation of America</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>86-0481941</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4742 N. 24th Street, Suite 400</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Phoenix, Arizona 85016</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Paul R. Mehlhorn, Chief Financial Officer / Treasurer

Telephone No. ► 602-792-3229 FAX No. ► 602-279-0855

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until April 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 \_\_\_\_\_ or

►  tax year beginning September 1, 20 11, and ending August 31, 20 12.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.