

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.

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 9/01, 2005, and ending 8/31, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions. Make-A-Wish Foundation of Colorado, Inc. 7951 E. Maplewood Ave #126 Greenwood Village, CO 80111-4769

D Employer Identification Number 74-2273004 E Telephone number (303) 750-9474 F Accounting method: Cash, [X] Accrual, Other specify

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? Yes No [X]

H (b) If Yes, enter number of affiliates

H (c) Are all affiliates included? Yes No [X] If No, attach a list. See instructions.

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No [X]

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: www.wishcolorado.org

J Organization type (check only one) [X] 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6c, 8b, 9b, and 10b to line 12. 2,944,450.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning, Other changes, Net assets at end.

REVENUE

EXPENSES

TOTAL

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) none-exempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8a, 9a, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Cash \$ _____ Non-cash \$ _____ This amount includes foreign grants. Check here: <input type="checkbox"/>	22			
23	Debt forgiveness (attach schedule)	23 960,691.	960,691.		
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 103,923.	81,891.	6,028.	15,004.
26	Other salaries and wages	26 366,546.	293,822.	21,258.	56,466.
27	Pension plan contributions	27 19,932.	10,615.	2,325.	6,492.
28	Other employee benefits	28 57,549.	30,650.	8,155.	18,744.
29	Payroll taxes	29 34,479.	18,363.	4,886.	11,230.
30	Professional fundraising fees	30			
31	Accounting fees	31 25,109.		25,109.	
32	Legal fees	32			
33	Supplies	33 14,833.	8,789.	1,255.	4,789.
34	Telephone	34 11,146.	5,937.	1,579.	3,630.
35	Postage and shipping	35 24,270.	8,847.	1,264.	14,159.
36	Occupancy	36 101,850.	54,245.	14,433.	33,172.
37	Equipment rental and maintenance	37 5,809.	4,066.	581.	1,162.
38	Printing and publications	38 26,677.	6,951.	993.	18,733.
39	Travel	39 16,321.	8,846.	1,264.	6,211.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	See Statement 4	43a 103,804.	51,643.	2,974.	49,187.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 1,872,939.	1,540,356.	92,604.	239,979.

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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

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? ▶

Program Service Expenses

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 organization and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.

Required for 501(c)(3) and 4 organizations and 4947(a)(1) trusts but optional for others.

a The organization grants wishes to children under 18 who are suffering from a life-threatening medical condition. 216 wishes were granted in the fiscal year ending August 31, 2006

(Grants and allocations \$) if this amount includes foreign grants, check here ▶ 1,540,356

b

(Grants and allocations \$) if this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) if this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) if this amount includes foreign grants, check here ▶

e Other program services

(Grants and allocations \$) if this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 1,540,356

Part IV Balance Sheets (See 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
45	Cash — non-interest bearing	5,957.	45 141,102.
46	Savings and temporary cash investments		46
47a	Accounts receivable	125,765.	
b	Less: allowance for doubtful accounts		47c 125,765.
47b		151,174.	
48a	Prepaid expenses receivable		
b	Less: allowance for doubtful accounts		48c
48b			
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes & loans receivable (attach schedule)		51a
b	Less: allowance for doubtful accounts		51c
51b			
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	21,156.	53 17,188.
54	Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54 940,727. 1,017,410.
55a	Investments — land, buildings, & equipment: basis		
b	Less: accumulated depreciation (attach schedule)		55c
55b			
56	Investments — other (attach schedule)		56
57a	Land, buildings, and equipment: basis	81,673.	
b	Less: accumulated depreciation (attach schedule)		57c
57b	Statement 5	57,746.	28,696. 23,927.
58	Other assets (describe _____)		58
59	Total assets (must equal line 74). Add lines 45 through 58	1,147,710.	59 1,325,392.
60	Accounts payable and accrued expenses	615,474.	60 661,881.
61	Grants payable		61
62	Deferred revenue	67,840.	62 56,297.
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)		64b
65	Other liabilities (describe _____)		65
66	Total liabilities. Add lines 60 through 65	683,314.	66 718,178.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	405,387.	67 494,702.
68	Temporarily restricted	59,009.	68 112,512.
69	Permanently restricted		69
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 59; column (B) must equal line 27.)	464,395.	73 607,214.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,147,710.	74 1,325,392.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,486,943.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	56,784.	
2	Donated services and use of facilities	b2	475,393.	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4			b 532,177.
c	Subtract line b from line a			c 1,954,772.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6c	d1	4,201.	
2	Other (specify):	d2		
	Add lines d1 and d2			d 4,201.
e	Total revenue (Part I, line 12). Add lines c and d			e 1,958,973.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	2,344,131.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	475,393.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4			b 475,393.
c	Subtract line b from line a			c 1,868,738.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1	4,201.	
2	Other (specify):	d2		
	Add lines d1 and d2			d 4,201.
e	Total expenses (Part I, line 17). Add lines c and d			e 1,872,939.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 6		99,123.	9,037.	4,800.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 2 columns: Question (75a-75d) and Yes/No. 75a: Enter the total number of officers, directors, and trustees... 13. 75b: Are any officers, directors, trustees, or key employees... related to each other...? X. 75c: Do any officers, directors, trustees, or key employees... receive compensation from any other organizations...? X. 75d: Does the organization have a written conflict of interest policy? X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances. The table contains multiple rows of dashed lines for data entry.

Part VI Other Information (See the instructions.)

Table with 2 columns: Question (76-81b) and Yes/No. 76: Did the organization engage in any activity not previously reported to the IRS? X. 77: Were any changes made in the organizing or governing documents but not reported to the IRS? X. 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X. 78b: If "Yes," has it filed a tax return on Form 990-T for this year? N/A. 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? X. 80a: Is the organization related (other than by association) with a statewide or nationwide organization...? X. 80b: If "Yes," enter the name of the organization... N/A. 81a: Enter direct and indirect political expenditures... 0. 81b: Did the organization file Form 1120-POL for this year? X.

Part VI Other Information (continued)

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 VII or as an expense in Part VIII. (See instructions in Part VII.)	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 nondeductible 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	501(c)(4), (5), or (6) organizations: a 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 85f 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 35d 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	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.	88		X
89 a	501(c)(3) organizations: Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0.			
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. ▶ 0.			0.
d	Enter: Amount of tax on line 89c above, reimbursed by the organization. ▶ 0.			0.
90 a	List the states with which a copy of this return is filed ▶ None			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b		9
91 a	The books are in care of ▶ Joan Mazak Telephone number ▶ (303) 750-9474 Located at ▶ 7951 E. maplewood Ave #126, Greenwood Village Co ZIP + 4 ▶ 80111-4769			
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)? If "Yes," enter the name of the foreign country: ▶	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 Report of Foreign Bank and Financial Statements.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country: ▶	91c		X
92	Section 4947(b)(1) nonexempt charitable trusts filing Form 990 instead of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A	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 type	(B) Amount	(C) Business type	(D) Amount	
93 Program service revenue:					
a					6,225.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash deposits					
96 Dividends & interest from securities				23,519.	
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					-3,085.
101 Net income or (loss) from special events					325,185.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					1,064.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				23,519.	329,389.
105 Total (add line 104, columns (B), (D), and (E))					352,908.

Note: Line 105 plus line 1d, 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):

N/A

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	3/3			
	3/3			
	3/3			
	3/3			

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 3870 and Form 4720 (see instructions).

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: [Signature] Date: 4/17/07
 Type or print name and title: ATC/PAZ/PAZ/PAZ

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 4/17/07
 Preparer's name (do not use if not employed): Business Acctg & Tax Solutions
 address and ZIP: 1780 South Bellaire Street, Suite 615
Denver, CO 80222
 Preparer's EIN: N/A
 Phone no.: (303) 756-0922

Make-A-Wish Foundation of Colorado, Inc.

74-2273004

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 836,538.
Cost or Other Basis: 839,623.

Total Gain (Loss) Publicly Traded Securities \$ -3,085.

Total Net Gain (Loss) From Noninventory Sales \$ -3,085.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
	471,039.	0.	471,039.	145,854.	325,185.
Total	\$ 471,039.	\$ 0.	\$ 471,039.	\$ 145,854.	\$ 325,185.

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Unrealized Gains/Losses

Total \$ 56,784.
Total \$ 56,784.

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising p/r	13,773.	15,839.		2,939.
Appreciation & Awards	1,835.	1,284.	183.	367.
Contract Labor	37,111.			37,111.
Dues & Subscription	616.	431.	62.	123.
MW Affiliation Fees	39,232.	30,914.	2,275.	6,043.
Meetings/Meals	4,623.	2,051.	293.	2,283.
Professional Fees	1,805.	1,124.	161.	321.
Total	\$ 133,805.	\$ 51,643.	\$ 2,974.	\$ 49,187.