

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)

OMB No. 1545-0047

2004

Open to Public Inspection

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 2004 calendar year or tax year beginning 9/1/2004 and ending 8/31/2005

B Check applicable boxes:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: Make-A-Wish Foundation of Colorado, Inc.
 Number and street (or P.O. box if mail is not delivered to street address), Room/suite: 7951 E. Maplewood Ave 126
 City or town, State or country, ZIP+4: Greenwood Village CO 80111-4769

D Employer identification number: 74-2273004
E Telephone number: 303-750-9474
F Accounting method: Cash Accrual
 Other (specify):

G Website:

J Organization type (check only one): 501(c)(3) 501(c)(29) 527

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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 2,260,192

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates:
H(c) Are all affiliates included? Yes No
 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
I Group Exemption Number:

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

		1a		1b		1c		1d	
1 Contributions, gifts, grants, and similar amounts received:									
a Direct public support		1,212,654							
b Indirect public support				122,677					
c Government contributions (grants)									
d Total (add lines 1a through 1c) (cash \$ <u>1,267,809</u> noncash \$ <u>67,522</u>)								1,335,331	
2 Program service revenue including government fees and contracts (from Part VII, line 93)								5,475	
3 Membership dues and assessments								0	
4 Interest on savings and temporary cash investments								0	
5 Dividends and interest from securities								35,416	
6 a Gross rents									
b Less: rental expenses									
c Net rental income or (loss) (subtract line 6b from line 6a)								0	
7 Other investment income (describe: <u> </u>)								0	
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other					
b Less: cost or other basis and sales expenses		466,542	8a	0					
c Gain or (loss) (attach schedule)		408,211	8b	0					
d Net gain or (loss) (combine line 8c, columns (A) and (B))		58,331	8c	0				58,331	
9 Special events and activities (attach schedule. If any amount is from gaming, check here <input type="checkbox"/>)									
a Gross revenue (not including \$ <u> </u> of contributions reported on line 1a)		415,443		9b		130,457		9c	
b Less: direct expenses other than fundraising expenses								284,986	
c Net income or (loss) from special events (subtract line 9b from line 9a)									
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)								0	
11 Other revenue (from Part VII, line 103)								1,985	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								1,721,524	
13 Program services (from line 44, column (B))								1,413,283	
14 Management and general (from line 44, column (C))								150,219	
15 Fundraising (from line 44, column (D))								326,981	
16 Payments to affiliates (attach schedule)								13,049	
17 Total expenses (add lines 15 and 44, column (A))								1,903,532	
18 Excess or (deficit) for the year (subtract line 17 from line 12)								-182,008	
19 Net assets or fund balances at beginning of year (from line 73, column (A))								630,191	
20 Other changes in net assets or fund balances (attach explanation)								15,213	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)								464,396	

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. See page 22 of the instructions.

Table with 5 columns: Line number, Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Salaries and wages, etc.

Joint Costs Check [X] 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 [X] No

Part III Statement of Program Service Accomplishments (See page 25 of the instructions)

Table with 2 columns: Description of program service, Program Service Expenses. Row 1: The organization grants wishes of children under age 13 who are suffering from a life-threatening medical condition. 206 wishes were granted in the fiscal year ending August 31, 2005. Expenses: 1,413,233.

Part IV Balance Sheets (See page 25 of the instructions.)

Note	Where required, attached schedules and amounts with the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
45	Cash—non interest-bearing	45,643	5,957
46	Savings and temporary cash investments		46
47 a	Accounts receivable	151,174	
b	Less: allowance for doubtful accounts	0	151,174
48 a	Pledges receivable	0	
b	Less: allowance for doubtful accounts	0	0
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50
51 a	Other notes and loans receivable (attach schedule)	0	
b	Less: allowance for doubtful accounts	0	0
52	Inventories for sale or use	900	52
53	Prepaid expenses and deferred charges	33,751	21,156
54	Investments—securities (attach schedule): <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	914,618	940,727
55 a	Investments—land, buildings, and equipment: basis	0	
b	Less: accumulated depreciation (attach schedule)	0	0
56	Investments—other (attach schedule)	0	56
57 a	Land, buildings, and equipment: basis	79,518	
b	Less: accumulated depreciation (attach schedule)	50,822	30,367
58	Other assets (describe _____)	0	58
59	Total assets (add lines 45 through 58) (must equal line 74)	1,173,948	1,147,710
60	Accounts payable and accrued expenses	489,577	615,474
61	Grants payable		61
62	Deferred revenue	54,180	67,840
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63
64 a	Tax-exempt bond liabilities (attach schedule)	0	64a
b	Mortgages and other notes payable (attach schedule)	0	64b
65	Other liabilities (describe _____)	0	65
66	Total liabilities (add lines 60 through 65)	543,757	683,314
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	630,191	405,387
68	Temporarily restricted		59,009
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 59)	630,191	464,396
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	1,173,948	1,147,710

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,160,831
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 16,213		
(2)	Donated services and use of facilities \$ 431,943		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	443,161
c	Line a minus line b	c	1,712,670
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ 8,854		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	8,854
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,721,524

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

a	Total expenses and losses per audited financial statements	a	2,326,626
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 431,943		
(2)	Prior year adjustments reported on line 23, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	431,943
c	Line a minus line b	c	1,894,673
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ 8,854		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	8,854
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,903,532

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated—see page 27 of 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 & deferred compensation	(E) Expense account and other allowances
Name: See Statement 7 City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			
Name: _____ City: ST ZIP	Title: Hr/Wk:			

75. Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see page 23 of the instructions.

Part VI Other Information (See page 23 of the instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association) with a statewide or nationwide organization through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a	Enter direct and indirect political expenditures. (See line 31 instructions.)	81a		
b	Did the organization file Form 1120-POL for this year?	81b		
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	431,948	
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 quid pro quo 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		
85	501(c)(4), (5), or (6) organizations			
a	Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	501(c)(7) orgs. Enter: a. Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts included on line 12 for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a. Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
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 <input type="checkbox"/> section 4912 <input type="checkbox"/> section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs. 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 <input type="checkbox"/>			
d	Enter: Amount of tax on line 89c above, reimbursed by the organization <input type="checkbox"/>			
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> CO			
b	Number of employees employed in the pay period that includes March 12, 2004. (See instructions.)	90b		9
91	The books are in care of: <input type="checkbox"/> Name: Joan Mazak, Telephone no: 303-750-9474 Located at: 795 E. Maplewood Ave., #126, City: Greenwood, State: CO, ZIP + 4: 80111-4769			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 instead of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year: <input type="checkbox"/>	92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts, unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or loss from real estate, 98 Net rental income or loss from personal property, 99 Other investment income, 100 Gain or loss from sales of assets other than inventory, 101 Net income or loss from special events, 102 Gross profit or loss from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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 page 34 of the instructions.)

Table with 2 columns: 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. Rows include 101 Internal fundraising events, 93 Fees charged to other chapters, 103 Refunds of program service expenditures, 100 Gain on sales of investments.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN, (B) Percentage of ownership interest, (C) Nature of activities, (D) Total income, (E) End-of-year assets. All rows are currently blank.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

Please Sign Here: 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 information of which preparer has any knowledge. Signature of officer: Joan Mazak, Date: 3/7/06, Title: CEO/President.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or individual name if not employed), EIN, address, and ZIP code, Phone no.

Make-A-Wish Foundation of Colorado, Inc. 12/22/2014

Account	12/22/2014		12/22/2013		Net Change
	Balance	Debit/Credit	Balance	Debit/Credit	
Capital - 2014 Investment	\$ 10,268	\$	\$ 10,268	\$ 7,139	\$ 3,129
Net Realized Gain/Loss Investment	13,437		13,437	10,444	2,993
Unrealized Gain/Loss Investment	12,817		11,432	14,784	3,385
Unrealized Gain/Loss Investment	8,731		8,731	1,171	7,560
MM2014 Investment	52,481		52,481		52,481
Capital - 2013 Investment	2,344		2,344	414	1,930
Total Investment	\$ 95,283	\$	\$ 95,283	\$ 33,950	\$ 61,333

Account	12/22/2014	12/22/2013	Net Change
Partnership fees - 2014			
Partnership fees - 2013			
Partnership fees - 2012			
Total Partnership fees			\$ 23,144

Account	Other - Gains/Losses on Assets Held and Realized	12/22/2013
Description		
Unrealized gain on investments		
Total to Item 200 - Part 1, Line 21		\$ 10,215

Account	Special Assistance - 2014/2013	12/22/2013
Description		
Travel costs of family attending to the caregiver's care transition and support		
Total to Item 200 - Part 1, Line 23		\$ 18,455

Account	Non-Grant Investment Assets	12/22/2013
Description		
Corporate Securities	54,384	54,401
Corporate Bonds and Notes	14,275	1,171
Money Market Funds	21,821	23,471
Mutual Funds	12,124	2,871
Real Investment Assets	10,017	8,871
Total Non-Grant Investment Assets	112,621	90,791

Account	Investment Assets - 2014/2013	12/22/2013
Description		
Investment Assets - 2014	\$ 10,268	\$ 10,268
Investment Assets - 2013	13,437	13,437
Total Investment Assets	\$ 23,705	\$ 23,705