

Return of Organization Exempt From Income Tax

2007

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

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 2007 calendar year, or tax year beginning 9/1/2007, and ending 8/31/2008

- 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.

C Name of organization: MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AI
Number and street (or P.O. box if mail is not delivered to street address): 2545 Farmers Drive
Room/suite:
City or town, state or country, and ZIP + 4: Columbus, OH 43235

D Employer identification number: 34 1471131
E Telephone number: (614) 923-0555
F Accounting method: Cash 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?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: www.makeawishohio.org

J Organization type (check only one) 501(c) (3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 8,832,229

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

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

Table with 13 columns: Line number, Description, Sub-column (a-d), and Total. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21). Total revenue is 8,125,048 and total expenses are 8,420,768.

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 the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23	Specific assistance to individuals (attach schedule) Stmt 4	23 4,567,698	4,567,698		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 279,931	105,254	98,256	76,421
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 2,011,966	756,499	706,200	549,267
27	Pension plan contributions not included on lines 25a, b, and c	27 23,984	9,018	8,418	6,548
28	Employee benefits not included on lines 25a - 27	28 137,250	51,606	48,175	37,469
29	Payroll taxes	29 188,510	70,880	66,167	51,463
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 0	0	0	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 61,932	23,287	21,738	16,907
34	Telephone	34 125,536	47,202	44,063	34,271
35	Postage and shipping	35 45,409	17,074	15,938	12,397
36	Occupancy	36 318,632	119,806	111,840	86,986
37	Equipment rental and maintenance	37 12,493	4,697	4,385	3,411
38	Printing and publications	38 71,151	2,708	0	68,443
39	Travel	39 25,917	9,745	9,097	7,075
40	Conferences, conventions, and meetings	40 47,253	17,767	16,586	12,900
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42 34,561	12,995	12,131	9,435 Stmt 5
43	Other expenses not covered above (itemize): See Statement 6	43a 468,545	242,783	49,039	176,723
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 8,420,768	6,059,019	1,212,033	1,149,716

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 (See the instructions.)

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

What is the organization's primary exempt purpose? ► **Grant wishes to children with life-threatening medic** **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) orgs., and 4947(a)(1) trusts; but optional for others.)

<p>a See Statement 7</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	<p>6,059,019</p>

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	126,749	45	154,113
	46 Savings and temporary cash investments	1,379,124	46	501,340
	47a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	0	47c 0
	48a Pledges receivable	48a 796,722		
	b Less: allowance for doubtful accounts	48b 5,183	667,428	48c 791,539
	49 Grants receivable		0	49 0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b 0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		3,102	52 11,429
	53 Prepaid expenses and deferred charges		45,552	53 18,792
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,882,034	54a 2,570,196
	b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b 0
	55a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
	56 Investments—other (attach schedule)		0	56 0
	57a Land, buildings, and equipment: basis	57a 258,603		
b Less: accumulated depreciation (attach schedule) Stmt 8	57b 213,872	56,335	57c 44,731	
58 Other assets, including program-related investments (describe ▶)		0	58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		4,160,324	59 4,092,140	
Liabilities	60 Accounts payable and accrued expenses	1,866,767	60	2,377,656
	61 Grants payable	0	61	0
	62 Deferred revenue	123,500	62	88,550
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64a Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b Mortgages and other notes payable (attach schedule)		0	64b 0
	65 Other liabilities (describe ▶ See Statement 9)		63,203	65 68,018
66 Total liabilities. Add lines 60 through 65		2,053,470	66 2,534,224	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,538,524	67	987,943
	68 Temporarily restricted	333,336	68	334,979
	69 Permanently restricted	234,994	69	234,994
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,106,854	73 1,557,916
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		4,160,324	74 4,092,140

Part VI Other Information (continued)		Yes	No		
82a 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	<input checked="" type="checkbox"/>			
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.) <table style="float: right; margin-left: 20px;"> <tr> <td style="border: 1px solid black;">82b</td> <td style="border: 1px solid black; text-align: right;">1,038,388</td> </tr> </table>	82b	1,038,388			
82b	1,038,388				
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>			
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	<input checked="" type="checkbox"/>			
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<input checked="" type="checkbox"/>		
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				
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				
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		<input checked="" type="checkbox"/>		
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		<input checked="" type="checkbox"/>		
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>					
b 501(c)(3) and 501(c)(4) 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		<input checked="" type="checkbox"/>		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>					
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>					
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		<input checked="" type="checkbox"/>		
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<input checked="" type="checkbox"/>		
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		<input checked="" type="checkbox"/>		
90a List the states with which a copy of this return is filed ▶ <u>IN, KY</u>					
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b		50		
91a The books are in care of ▶ <u>Helen Davidson</u> Telephone no. ▶ <u>614-923-0555</u>					
Located at ▶ <u>2545 Farmers Dr Ste 300, Columbus, OH</u> ZIP + 4 ▶ <u>43235</u>					
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No		
If "Yes," enter the name of the foreign country ▶ _____			<input checked="" type="checkbox"/>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** |

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	32,095	
96 Dividends and interest from securities			14	83,177	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	88,920	
101 Net income or (loss) from special events			01	80,353	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		284,545	0
105 Total (add line 104, columns (B), (D), and (E)) ▶					284,545

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

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

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

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

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

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

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

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

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

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

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

Yes	No

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

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

Yes	No

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

108 Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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 all information of which preparer has any knowledge.

▶ _____ Date _____
 Signature of officer
▶ **Susan McConnell, President/CEO**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____, _____	EIN ▶ _____	Phone no. ▶ (_____) _____	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN	Employer identification number 34 1471131
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kelly Kleinschmidt 2545 Farmers Drive, Columbus, OH 43235, US	Executive Director 40	76,300	4,465	0
Rhett Cecil 2545 Farmers Drive, Columbus, OH 43235, US	Executive Director 40	71,867	4,580	0
Helen Davidson 2545 Farmers Dr, Columbus, OH 43235, US	Director of Finance 40	65,400	5,626	0
Sophia Morton 2545 Farmers Drive, Columbus, OH 43235, US	Director of Pgm Svcs 40	61,047	993	0
Dave Cologgi 2545 Farmers Drive, Columbus, OH 43235, US	Director of IT 40	59,494	5,424	0
Total number of other employees paid over \$50,000 ▶	3			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
See Form 990, Pt. V		
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	✓
b Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	✓
b Did the organization make any taxable distributions under section 4966?	4b	✓
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	✓
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,716,694	6,161,140	4,202,903	4,537,990	23,618,727
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	357,539	304,544	1,108,321	856,865	2,627,269
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	105,945	47,874	30,972	2,384	187,175
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0 Stmt 11
23 Total of lines 15 through 22	9,180,178	6,513,558	5,342,196	5,397,239	26,433,171
24 Line 23 minus line 17	8,822,639	6,209,014	4,233,875	4,540,374	23,805,902
25 Enter 1% of line 23	91,802	65,136	53,422	53,972	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	476,118
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	1,555,198
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	23,805,902
d Add: Amounts from column (e) for lines: 18 <u>187,175</u> 19 <u>0</u> 22 <u>0</u> 26b <u>1,555,198</u> ▶	26d	1,742,373
e Public support (line 26c minus line 26d total) ▶	26e	22,063,529
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	93 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d Add: Line 27a total _____ and line 27b total _____ ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	%

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

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Statement 1

Form: 990

Page: 1

Part: I

Question: 8

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN

34-1471131

Sales of Assets Other than Inventory

Publicly Traded Securities

Description:

Sold To:

Sales Price:	\$487,815.00	Date Sold:
Expense of Sale:	\$0.00	Date acquired:
Cost or value when acquired:	\$398,895.00	How acquired:
Depreciation since acquisition:	\$0.00	
Net Sale:	\$88,920.00	

Statement 2

Form: 990

Page: 1

Part: I

Question: 9

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN**34-1471131****Schedule of Special Events**

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
All Other - 11 Walks, Dinners, Golf	\$1,088,549.00	\$919,481.00	\$169,068.00	\$144,378.00	\$24,690.00
Indiana Radio-thon	\$338,495.00	\$338,495.00	\$0.00	\$1,414.00	-\$1,414.00
Columbus Wish Ball	\$178,670.00	\$108,315.00	\$70,355.00	\$42,863.00	\$27,492.00
Cincinnati Wish Ball	\$128,856.00	\$74,640.00	\$54,216.00	\$24,631.00	\$29,585.00
Total:	\$1,734,570.00	\$1,440,931.00	\$293,639.00	\$213,286.00	\$80,353.00

Statement 3

Form: 990

Page: 1

Part: I

Question: 20

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN

34-1471131

Other changes in Net Assets or Fund Balances

Explanation	Amount
Unrealized Loss on Investments	-\$253,218.00
Total:	-\$253,218.00

Statement 4

Form: 990

Page: 2

Part: II

Question: 23

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN

34-1471131

Specific Assistance to Individuals

Assistance Type	Total Payments
Direct cost of wishes granted to 742 children and their families	\$4,567,698.00
Total:	\$4,567,698.00

Statement 5

Form: 990

Page: 2

Part: II

Question: 42

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN**34-1471131****Depreciation and Depletion**

Asset	Current Deprec.
Furniture-IN	\$2,211.00
IT Equip-Cinci	\$2,821.00
Indy 2004 auto	\$3,137.00
Furniture-Adm	\$1,018.00
Furniture-Col	\$862.00
IT Equip-Adm	\$6,575.00
IT Equip-Cleve	\$4,278.00
IT Equip-KY	\$3,376.00
IT Equip-IN	\$2,049.00
Furniture-KY	\$355.00
IT Equip-Col	\$3,250.00
Office Equip	\$4,629.00
Total	\$34,561.00

Statement 6

Form: 990

Page: 2

Part: II

Question: 43

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN**34-1471131****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundraising
National Partnership Dues	\$264,466.00	\$198,349.00	\$18,513.00	\$47,604.00
Fundraising - Events	\$76,102.00	\$0.00	\$0.00	\$76,102.00
Other Professional Fees & Affiliations	\$68,092.00	\$25,603.00	\$23,900.00	\$18,589.00
Donor Cultivation Expense	\$29,274.00	\$0.00	\$0.00	\$29,274.00
Miscellaneous	\$18,879.00	\$7,099.00	\$6,626.00	\$5,154.00
Wish Volunteer Services	\$11,732.00	\$11,732.00	\$0.00	\$0.00
Total:	\$468,545.00	\$242,783.00	\$49,039.00	\$176,723.00

Statement 7

Form: 990

Page: 3

Part: III

Question:

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN

34-1471131

Program Services

Achievement	Pgm. Svc. Exp.
Children & Youth Services, General/Other: We grant the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy. In fiscal year 2008, 742 wishes were granted to children in Greater Ohio, Kentucky and Indiana. More than 1000 dedicated volunteers support our mission. (742 children)	\$6,059,019.00
Grants and Allocations:	\$0.00 This amount includes foreign grants: N/A
Total:	\$6,059,019.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 57

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN**34-1471131****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Office Equipment	\$27,135.00	\$11,887.00	\$15,248.00
Indiana vehicle	\$15,683.00	\$15,160.00	\$523.00
IT Equipment	\$105,519.00	\$83,896.00	\$21,623.00
Furniture & Fixtures	\$110,266.00	\$102,929.00	\$7,337.00
Total:	\$258,603.00	\$213,872.00	\$44,731.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 65

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN

34-1471131

Other Liabilities

Liability Description	BOY Amount	EOY Amount
Non-current Office Rent Liability	\$63,203.00	\$68,018.00
Total:	\$63,203.00	\$68,018.00

Statement 10

Form: 990

Page: 5

Part: V

Question:

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN**34-1471131****Officers, Directors, Trustees, and Key Employees**

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Don Tassone	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States				
Ed Muransky	2	\$0.00	\$0.00	\$0.00
Title: Secretary Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States				
John Cullen	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 2545 Farmers Drive Addr 2: CSZ: Columbus, OH 43235 Country: United States				
Juan Jose Perez	3	\$0.00	\$0.00	\$0.00
Title: Chairman Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States				
Judi McMullen	1	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States				
Kevin Horton	2	\$0.00	\$0.00	\$0.00
Title: Treasurer Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Mark Ranalli MD Title: Board Member Addr 1: 2545 Farmers Drive Addr 2: CSZ: Columbus, OH 43235 Country: United States	1	\$0.00	\$0.00	\$0.00
Michael Zachman Title: COO Addr 1: 2545 Farmers Dr Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States	40	\$99,153.00	\$4,467.00	\$0.00
Paul Cashen Title: Board Member Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States	1	\$0.00	\$0.00	\$0.00
Robert Mangold Title: Board Member Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States	1	\$0.00	\$0.00	\$0.00
Susan McConnell Title: President/CEO Addr 1: 2545 Farmers Dr Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States	40	\$168,567.00	\$7,744.00	\$0.00
Ted Adams Title: Past-Chair Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235 Country: United States	1	\$0.00	\$0.00	\$0.00
Timothy Chapman Title: Board Member Addr 1: 2545 Farmers Drive Ste 300 Addr 2: CSZ: Columbus, OH 43235	1	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country: United States				
Bonita Black	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 2545 Farmers Drive				
Addr 2:				
CSZ: Columbus, OH 43235				
Country: United States				
Anthony Boor	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 2545 Farmers Drive				
Addr 2:				
CSZ: Columbus, OH 43235				
Country: United States				
Frank D'Andrea	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 2545 Farmers Drive				
Addr 2:				
CSZ: Columbus, OH 43235				
Country: United States				
Corey Routh	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 2545 Farmers Drive				
Addr 2:				
CSZ: Columbus, OH 43235				
Country: United States				
David Yankovitz	1	\$0.00	\$0.00	\$0.00
Title: Board Member				
Addr 1: 2545 Farmers Drive				
Addr 2:				
CSZ: Columbus, OH 43235				
Country: United States				
TOTALS		\$267,720.00	\$12,211.00	\$0.00

Statement 11
Form: Schedule A
Page: 4
Part: IV-A
Question: 22

MAKE A WISH FOUNDATION OF GREATER OHIO KENTUCKY AN
34-1471131

Other Income

Description	2006	2005	2004	2003
Other income				
Total:				