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GOVERNMENT COPY



214 Overlook Circle, Suite 250
Brentwood, Tennessee 37027
615.467.7300 MAIN
615.467.7301 FAX
www.bpmcpas.com

January 23, 2009

Make A Wish Foundation of Middle TN, Inc.
Attn: Michelle Rosen
209 10th Avenue South, No. 527
Nashville, TN 37203-7103

Dear Michelle,

Enclosed are the original and one copy of the 2007 Exempt Organization return, as follows...

2007 FORM 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Very truly yours,

Ron Mills, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2008

Prepared for	Make A Wish Foundation of Middle TN, Inc. Attn: Michelle Rosen 209 10th Avenue South, No. 527 Nashville, TN 37203-7103
Prepared by	Byrd, Proctor & Mills, P.C. 214 Overlook Circle, Suite 250 Brentwood, TN 37027
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	April 15, 2009
Special Instructions	The return should be signed and dated.

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)

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

2007

Open to Public
Inspection

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

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

MAKE A WISH OF MIDDLE TENNESSEE, INC.

Number and street (or P.O. box if mail is not delivered to street address)

209 10TH AVENUE SOUTH,

Room/suite

527

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37203-7103

D Employer identification number

62-1833327

E Telephone number

615-259-2324

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).

Hand 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 ▶ N/A

H(c) Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

G Website: ▶ WWW.MIDTNWISHES.ORG

J Organization type (check only one) ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,163,722.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	716,830.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 459,842. noncash \$ 256,988.)	1e	716,830.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	6,783.
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	Expenses	b	Less: rental expenses	6b		
c		Net rental income or (loss). Subtract line 6b from line 6a	6c			
7		Other investment income (describe ▶)			7	
8a		Gross amount from sales of assets other than inventory	(A) Securities	8a		
b		Less: cost or other basis and sales expenses	(B) Other	8b		
c		Gain or (loss) (attach schedule)	8c			
d		Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a		Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	433,877.		
b		Less: direct expenses other than fundraising expenses	9b	19,660.		
c		Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1	414,217.	
Net Assets		10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11	Other revenue (from Part VII, line 103)			11	6,232.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,144,062.
	13	Program services (from line 44, column (B))			13	853,195.
	14	Management and general (from line 44, column (C))			14	79,127.
	15	Fundraising (from line 44, column (D))			15	152,867.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses. Add lines 16 and 44, column (A)			17	1,085,189.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	58,873.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	281,968.
20	Other changes in net assets or fund balances (attach explanation)			20	0.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	340,841.	

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 128,107.	78,670.	24,251.	25,186.
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			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 70,317.	43,182.	13,311.	13,824.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 18,237.	11,199.	3,452.	3,586.
29 Payroll taxes	29 59,968.	36,826.	11,351.	11,791.
30 Professional fundraising fees	30			
31 Accounting fees	31 2,276.	783.	739.	754.
32 Legal fees	32			
33 Supplies	33 5,075.	2,555.	1,250.	1,270.
34 Telephone	34 5,892.	3,124.	1,034.	1,734.
35 Postage and shipping	35 8,007.	1,286.	447.	6,274.
36 Occupancy	36 35,011.	18,075.	8,456.	8,480.
37 Equipment rental and maintenance	37 5,080.	2,459.	1,209.	1,412.
38 Printing and publications	38 9,624.	1,309.	205.	8,110.
39 Travel	39 6,011.	1,754.	1,471.	2,786.
40 Conferences, conventions, and meetings ...	40 6,915.	2,017.	1,693.	3,205.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 6,311.	3,409.	1,323.	1,579.
43 Other expenses not covered above (itemize):				
a WISHES FOR CHILDREN	43a 633,434.	619,294.		14,140.
b MEMBERSHIP DUES	43b 33,082.	24,338.	2,395.	6,349.
c INSURANCE	43c 1,979.	991.	503.	485.
d BAD DEBT EXPENSE	43d 36,255.			36,255.
e MISCELLANEOUS	43e 13,608.	1,924.	6,037.	5,647.
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,085,189.	853,195.	79,127.	152,867.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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? ►		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
PROVIDE WISHES TO CHILDREN WITH LIFE THREATENING ILLNESSES		
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	THE FOUNDATION HAS GRANTED APPROXIMATELY 674 WISHES TO CHILDREN WITH LIFE THREATENING ILLNESSES SINCE ITS INCEPTION IN 2000 (INCLUDING 94 DIRECT WISHES GRANTED IN THE CURRENT FISCAL YEAR).	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	853,195.
b		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	853,195.

Form 990 (2007)

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	332,063.	45	165,669.
	46 Savings and temporary cash investments		46	250,000.
	47 a Accounts receivable 47a 130,660.			
	b Less: allowance for doubtful accounts 47b 4,131.	140,509.	47c	126,529.
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	953.	53	4,852.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation 55b		55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis 57a 31,970.			
b Less: accumulated depreciation 57b 13,321.	17,970.	57c	18,649.	
58 Other assets, including program-related investments (describe INVENTORY)	638.	58	0.	
59 Total assets (must equal line 74). Add lines 45 through 58	492,133.	59	565,699.	
Liabilities	60 Accounts payable and accrued expenses	32,634.	60	33,614.
	61 Grants payable		61	
	62 Deferred revenue	34,500.	62	560.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 2)	143,031.	65	190,684.
	66 Total liabilities. Add lines 60 through 65	210,165.	66	224,858.
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	225,966.	67	270,432.
	68 Temporarily restricted	56,002.	68	70,409.
	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 19 and column (B) must equal line 21)	281,968.	73	340,841.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	492,133.	74	565,699.

Part IV-A

Part IV-B

2 Total exr

Part V-A

Page 10

Yes	No
-----	----

23

75b

X

75c

X

75d

75d

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.)

[illegible]

Yes	No
-----	----

76

X

77

X

--	--

78a

X

N/A

78b

79

X

--	--

[illegible]

81a

0

81b

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?		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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 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? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 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.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g		X
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2007 90b 6		
91 a	The books are in care of ▶ EXECUTIVE DIRECTOR Telephone no. ▶ 615-259-2324 Located at ▶ MAKE A WISH OF MIDDLE TN OFFICE, NASHVILLE, TN ZIP + 4 ▶ 37202		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b		X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

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

91c

X

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

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

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					6,783.
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					414,217.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a WISH ASSIST FEES					3,600.
b MISCELLANEOUS					2,632.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	427,232.
105 Total (add line 104, columns (B), (D), and (E))					427,232.

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).
101	SPECIAL EVENT INCOME WAS USED TO FUND WISHES FOR CHILDREN W/ ILLNESSES
103A	MISCELLANEOUS INCOME WAS USED TO GRANT WISHES
103B	WISH ASSIST FEES INCOME WAS USED TO GRANT WISHES

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

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

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

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

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here	Signature of officer		Date			
	JEFF LYNCH, TREASURER					
Paid Preparer's Use Only	Preparer's signature	RON MILLS, CPA	Date	01/23/09	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	BYRD, PROCTOR & MILLS, P.C. 214 OVERLOOK CIRCLE, SUITE 250 BRENTWOOD, TN 37027			EIN	Phone no. (615) 467-7300

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 OF MIDDLE TENNESSEE, INC.

Employer identification number

62 1833327

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

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

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

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

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

Part III **Statements About Activities** (See page 2 of the instructions.)**Yes** **No**

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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

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

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

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.)	476,267.	379,692.	215,199.	284,255.	1,355,413.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	198,491.	158,225.	SEE STATEMENT 4 156,739.	139,627.	653,082.
23 Total of lines 15 through 22	674,758.	537,917.	371,938.	423,882.	2,008,495.
24 Line 23 minus line 17	674,758.	537,917.	371,938.	423,882.	2,008,495.
25 Enter 1% of line 23	6,748.	5,379.	3,719.	4,239.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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) 0. (2005) 0. (2004) 0. (2003) 0.					
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) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 1,355,413. 16 _____ 17 _____ 20 _____ 21 _____					27c 1,355,413.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 1,355,413.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 2,008,495.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 67.4840%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0000%

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

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Schedule A (Form 990 or 990-EZ) 2007

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

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

Employer identification number

MAKE A WISH OF MIDDLE TENNESSEE, INC.

62-1833327

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

General Rule-

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

Special Rules-

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

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

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

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

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALLISON DEMARCUS PO BOX 331549 NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ALAN SCARBORO PO BOX 67 BRENTWOOD, TN 37024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	AMERICAN SECURITY BANK & TRUST 101 SPRINGHOUSE CT HENDERSONVILLE, TN 37075	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BEAMAN PONTIAC TOYOTA 1525 BROADWAY NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BRAD MCKENZIE 1018 KIDRON WAY HENDERSONVILLE, TN 37075	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CHARLEY FOUNDATION PO BOX 120126 NASHVILLE, TN 37212	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DANNER FOUNDATION 2 INTERNATIONAL PLAZA NASHVILLE, TN 37217	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DONALD SELTZ 900 20TH AVENUE SOUTH, UNIT 614 NASHVILLE, TN 37212	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	EARL SWENSSON ASSOCIATES 2100 WEST END AVENUE, SUITE 1200 NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	FROST BROWN TODD LLC 424 CHURCH ST, SUITE 1600 NASHVILLE, TN 37219	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	GEOTECH PO BOX 120 PADUCAH, KY 42002	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	JEFF LYNCH 3621 WEST END AVE. NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JERRY AND JULIE MOORE 6704 WALNUT HILLS DR BRENTWOOD, TN 37027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	JOHN DWYER HAMMES 239 5TH AVE NORTH NASHVILLE, TN 37219	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	KEN AND LYNN MELKUS 102 WOODMONT BLVD, SUITE 110 NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	KEVIN CARTER FOUNDATION 17111 JOURNEYS END DRIVE ODESSA, FL 33556	\$ 137,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	JOHN T JOHNSON, JR 6344 CHICKERING CIRCLE NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	L'ETE DU VIN 204 23RD AVE. NORTH NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	MAPCO EXPRESS 7102 COMMERCE WAY BRENTWOOD, TN 37027	\$ 15,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MAW OF AMERICA 3550 N. CENTRAL AVENUE, SUITE 300 PHOENIX, AZ 85012	\$ 130,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MICHAEL W SMITH C/O CURTIS & CO, 109 WESTPARK DR, STE 400 BRENTWOOD, TN 37027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	HCA 1 PARK PLAZA, BUILDING 1-4 NASHVILLE, TN 37203	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	MIDDLE TN ELECTRIC CUSTOMERS CARE 555 NEW SALEM ROAD MURFREESBORO, TN 37129	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	NORTH BLVD CHURCH OF CHRIST 1122 N RUTHERFORD BLVD MURFREESBORO, TN 37130	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	RAY BELL (BELL CONSTRUCTION) PO BOX 363 BRENTWOOD, TN 37027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	RILEY SWEAT 426 LYNWOOD BLVD NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	RICK ISAACSON 1129 WINDSOR DR GALLATIN, TN 37066	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	ROBERT & BARBARA HULJAK 2400 NASHBORO BLVD NASHVILLE, TN 37217	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	SYLVIA L. ROBERTS 1358 PAGE RD. NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	ROSS DOAN 333 HADDON CT FRANKLIN, TN 37067	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	THOMAS BEASLEY 2982 HWY. 96 BURNS, TN 37029	\$ 5,164.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	JAMISON BEDDING PO BOX 681948 FRANKLIN, TN 37067	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	AFFINION 400 DUKE DR FRANKLIN, TN 37067	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	SHELBYVILLE CENTRAL HIGH SCHOOL 401 EAGLE BLVD SHELBYVILLE, TN 37160	\$ 6,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	SIGMA CHI FRATERNITY 1301 E MAIN ST MURFREESBORO, TN 37132	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	SUMNER REGIONAL HEALTH 555 HARTSVILLE PIKE GALLATIN, TN 37066	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	TENNESSEE WIRELESS ASSOCIATION 4022 ABERDEEN AVE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	THE AVENUE MURFREESBORO 2615 MEDICAL CENTER PKWY MURFREESBORO, TN 37129	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	VANDERBILT UNIVERSITY WISHMAKERS VU STATION B #1781, VANDERBILT PLACE NASHVILLE, TN 37235	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	WHOLE FOODS 4021 HILLSBORO PIKE NASHVILLE, TN 37215	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	DELTA PO BOX 20706 ATLANTA, GA 30320	\$ 5,440.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	SHERATON WAIKIKI 2255 DALAKAUA AVE HONOLULU, HI 96815	\$ 7,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
MAKE A WISH OF MIDDLE TENNESSEE, INC.	62-1833327

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
31	175 SHARES CXW	\$ 5,164.	12/21/07
40	DONATION OF FOOD FOR FUNDRAISING EVENING EVENT	\$ 8,000.	02/01/08
41	AIRLINE MILES - HAWAII WISH	\$ 5,440.	05/25/08
42	ACCOMMODATIONS/FOOD/LODGING - HAWAII WISH	\$ 7,200.	06/01/08
		\$	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)	
VARIOUS EXTERNAL SPECIAL EVENTS	315,173.		315,173.		315,173.	
VARIOUS INTERNAL SPECIAL EVENTS	118,704.		118,704.	19,660.	99,044.	
TO FM 990, PART I, LINE 9	433,877.		433,877.	19,660.	414,217.	

FORM 990	OTHER LIABILITIES		STATEMENT		2
DESCRIPTION	BEGINNING OF YEAR		END OF YEAR		
ACCRUED PENDING WISH COSTS	132,585.		182,068.		
CAPITAL LEASE OBLIGATION	10,446.		8,616.		
TOTAL TO FORM 990, PART IV, LINE 65	143,031.		190,684.		

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 3
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN DWYER 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	PRESIDENT 0.50	0.	0.	0.
JIM PANOFF 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	VICE PRESIDENT/PRESIDENT E 0.50	0.	0.	0.
JAMES W. BERRY, JR. 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	SECRETARY 0.50	0.	0.	0.
JEFF LYNCH 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	TREASURER 0.50	0.	0.	0.
PAUL BARNABEE 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
HUGH LOMBARDI 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
BEN HANBACK 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
JOYCE MCDANIEL 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
CAROL MCALPINE 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
KEVIN CARTER 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
KEVIN SHARP 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.

LAURA ALLEN 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
GINNY PANOFF 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
STEVE BARRY 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
ALLISON DEMARCUS 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
JOEY HEMPHILL 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
RANDY HOFFMAN 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
DR. JOHN F. KUTTESCH, JR., MD., PHD 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
SANDRA LIPMAN 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
KEVIN REID 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
ALAN SCARBORO 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
KEVIN SMITH 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
JOHN STEELE 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
JOHN VON ARB 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.

TRAVIS PARHAM	DIRECTOR			
209 10TH AVENUE SOUTH, SUITE 527	0.50	0.	0.	0.
NASHVILLE, TN 37203				
HOLLEY STEIN	DIRECTOR			
209 10TH AVENUE SOUTH, SUITE 527	0.50	0.	0.	0.
NASHVILLE, TN 37203				
MICHELLE ROSEN	EXECUTIVE DIRECTOR			
209 10TH AVENUE SOUTH, SUITE 527	40.00	65,520.	0.	0.
NASHVILLE, TN 37203				
PAT LEDFORD	DEVELOPMENT DIRECTOR			
209 10TH AVENUE SOUTH, SUITE 527	40.00	62,587.	0.	0.
NASHVILLE, TN 37203				
TOTALS INCLUDED ON FORM 990, PART V-A		128,107.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT	4
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
FUNDRAISING	191,908.	153,953.	153,450.	135,464.	
MISCELLANEOUS	6,583.	4,272.	3,289.	4,163.	
TOTAL TO SCHEDULE A, LINE 22	198,491.	158,225.	156,739.	139,627.	