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CLIENT'S COPY



111 Westwood Place, Suite 400
Brentwood, Tennessee 37027
615.467.7300 MAIN
615.467.7301 FAX
www.bpmcpas.com

May 29, 2007

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

Dear Michelle,

Enclosed are the original and one copy of the 2005 Exempt Organization return, as follows...

2005 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, 2006

Prepared for	Make A Wish Foundation of Middle TN, Inc. Attn: Michelle Rosen 209 10th Avenue South, No. 527 Nashville, TN 37203
Prepared by	Byrd, Proctor & Mills, P.C. 111 Westwood Place, Suite 400 Brentwood, TN 37027
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	As soon as possible.
Special Instructions	The return should be signed and dated.

Form **990**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **SEP 1, 2005** and ending **AUG 31, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MAKE A WISH OF MIDDLE TENNESSEE, INC. OF MIDDLE TENNESSEE, INC.		D Employer identification number 62-1833327
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 209 10TH AVENUE SOUTH, 527		E Telephone number 615-259-2324
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37203		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).		

G Website: ▶ **WWW.MIDTNWISHES.ORG****J** Organization type (check only one) ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ 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****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **884,578.****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 Direct public support	1a	518,818.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 263,251. noncash \$ 255,567.)	1d	518,818.	
	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	14.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	8b			
	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 1a)	9a	361,488.		
b Less: direct expenses other than fundraising expenses	9b	39,905.		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1	321,583.	
10 a Gross sales of inventory, less returns and allowances	10a			
	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	4,258.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	844,673.		
Expenses	13 Program services (from line 44, column (B))	13	702,177.	
	14 Management and general (from line 44, column (C))	14	74,393.	
	15 Fundraising (from line 44, column (D))	15	127,127.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	903,697.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<59,024.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	145,742.	
	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	86,718.	

MAKE A WISH OF MIDDLE TENNESSEE, INC.
OF MIDDLE TENNESSEE, INC.

Form 990 (2005)

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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
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	110,000.	43,888.	25,904.	40,208.
26 Other salaries and wages	26	44,528.	17,766.	10,486.	16,276.
27 Pension plan contributions	27				
28 Other employee benefits	28	17,036.	6,797.	4,012.	6,227.
29 Payroll taxes	29	41,017.	16,365.	9,659.	14,993.
30 Professional fundraising fees	30				
31 Accounting fees	31	15,280.	6,383.	3,609.	5,288.
32 Legal fees	32				
33 Supplies	33	5,664.	2,768.	958.	1,938.
34 Telephone	34	5,755.	2,825.	1,089.	1,841.
35 Postage and shipping	35	4,871.	1,073.	440.	3,358.
36 Occupancy	36	30,872.	12,272.	7,171.	11,429.
37 Equipment rental and maintenance	37	1,180.	446.	304.	430.
38 Printing and publications	38	8,619.	2,125.	987.	5,507.
39 Travel	39	4,498.	1,526.	1,384.	1,588.
40 Conferences, conventions, and meetings ...	40	6,419.	2,178.	1,974.	2,267.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	2,831.	1,239.	601.	991.
43 Other expenses not covered above (itemize):					
a WISHES FOR CHILDREN	43a	581,225.	573,025.		8,200.
b MEMBERSHIP DUES	43b	15,661.	7,446.	3,988.	4,227.
c INSURANCE	43c	757.	186.	224.	347.
d MISCELLANEOUS	43d	7,484.	3,869.	1,603.	2,012.
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	903,697.	702,177.	74,393.	127,127.

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

Form **990** (2005)

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 502 WISHES TO CHILDREN WITH LIFE THREATENING ILLNESSES SINCE ITS INCPETION IN 2000 (INCLUDING 82 DIRECT AND 9 INDIRECT WISHES GRANTED IN THE CURRENT FISCAL YEAR.	
	(Grants and allocations \$ 0 .) If this amount includes foreign grants, check here ► <input type="checkbox"/>	702,177.
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) ►	702,177.

Form 990 (2005)

**MAKE A WISH OF MIDDLE TENNESSEE, INC.
OF MIDDLE TENNESSEE, INC.**

Form 990 (2005)

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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	131,342.	45	145,795.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable 47a 158,687.			
	b Less: allowance for doubtful accounts 47b 12,256.	73,777.	47c	146,431.
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	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		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis 55a 23,237.			
b Less: accumulated depreciation 55b 11,492.	5,826.	55c	11,745.	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a				
b Less: accumulated depreciation 57b		57c		
58 Other assets (describe ► SEE STATEMENT 2)	14,015.	58	4,730.	
59 Total assets (must equal line 74). Add lines 45 through 58	224,960.	59	308,701.	
Liabilities	60 Accounts payable and accrued expenses	21,811.	60	31,372.
	61 Grants payable		61	
	62 Deferred revenue		62	45,000.
	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 3)	57,407.	65	145,611.
66 Total liabilities. Add lines 60 through 65)	79,218.	66	221,983.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	130,327.	67	35,272.
	68 Temporarily restricted	15,415.	68	51,446.
	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; column (B) must equal line 21)	145,742.	73	86,718.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	224,960.	74	308,701.	

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a	Total revenue, gains, and other support per audited financial statements	a	844,673.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	844,673.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	844,673.

a	Total expenses and losses per audited financial statements	a	903,697.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	903,697.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	903,697.

[illegible]

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Yes	No
-----	----

25

75b

X

75c

X

75d

(A) Name and address

NONE

(B) Loans and Advances

(C) Compensation

(D) Contributions to employee benefit plans & deferred compensation plans

(E) Expense account and other allowances	
--	--

	Yes	No
--	-----	----

76

X

77

X

78a

X

78b

79

X

80a

X

N/A

81a

0

81b

X

**MAKE A WISH OF MIDDLE TENNESSEE, INC.
OF MIDDLE TENNESSEE, INC.**

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Part VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part 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?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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?	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		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u>			
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.
90 a	List the states with which a copy of this return is filed ▶ NONE			
b	Number of employees employed in the pay period that includes March 12, 2005	90b		4
91 a	The books are in care of ▶ EXECUTIVE DIRECTOR Telephone no. ▶ 615 259-2324 Located at ▶ 209 10TH AVENUE SOUTH, STE. 527, 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	Yes	No
	If "Yes," enter the name of the foreign country ▶ N/A			X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
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

Form **990** (2005)

2005

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					14.
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					321,583.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					4,258.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	325,855.
105 Total (add line 104, columns (B), (D), and (E))					325,855.

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

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

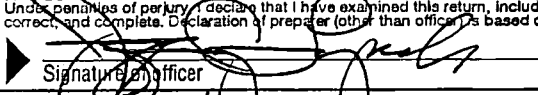
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	SPECIAL EVENT INCOME WAS USED TO FUND WISHES FOR CHILDREN W/ ILLNESSES
103A	MISCELLANEOUS INCOME WAS USED TO FUND WISHES FOR CHILDREN W/ ILLNESSES


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 ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here:  7/10/07 **JEFFREY C. LYNCH, TREAS.**
Signature of officer Date Type or print name and title.

Paid Preparer's Use Only:  05/28/07 ☐ Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP + 4 EIN
BYRD, PROCTOR & MILLS, P.C.
111 WESTWOOD PLACE, SUITE 400
BRENTWOOD, TN 37027

523103 02-03-05 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

2005

Name of the organization **MAKE A WISH OF MIDDLE TENNESSEE, INC.**
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	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

MAKE A WISH OF MIDDLE TENNESSEE, INC.

Schedule A (Form 990 or 990-EZ) 2005 OF MIDDLE TENNESSEE, INC.

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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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	215,199.	284,255.	120,107.	133,153.	752,714.
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, 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	156,739.	139,627.	SEE STATEMENT 5 81,331.	32,819.	410,516.
23 Total of lines 15 through 22	371,938.	423,882.	201,438.	165,972.	1,163,230.
24 Line 23 minus line 17	371,938.	423,882.	201,438.	165,972.	1,163,230.
25 Enter 1% of line 23	3,719.	4,239.	2,014.	1,660.	
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 2001 through 2004 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: (2004) 0. (2003) 0. (2002) 0. (2001) 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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 752,714. 16 _____ 17 _____ 20 _____ 21 _____					27c 752,714.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 752,714.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 1,163,230.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 64.7090%
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 2001 through 2004, 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

MAKE A WISH OF MIDDLE TENNESSEE, INC.

Schedule A (Form 990 or 990-EZ) 2005 **OF MIDDLE TENNESSEE, INC.**

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Part V

Private School Questionnaire (See page 7 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?		
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.)		
34 a	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		

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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		
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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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 11 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.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS EXTERNAL SPECIAL EVENTS	153,953.		153,953.		153,953.
VARIOUS INTERNAL SPECIAL EVENTS	207,535.		207,535.	39,905.	167,630.
TO FM 990, PART I, LINE 9	361,488.		361,488.	39,905.	321,583.

FORM 990	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	AMOUNT
OTHER CURRENT ASSETS	442.
INVENTORY	4,288.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	4,730.

FORM 990	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	AMOUNT
ACCRUED PENDING WISH COSTS	122,257.
DUE TO NATIONAL ORGANIZATION	14,841.
CAPITAL LEASE OBLIGATIONS	8,513.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	145,611.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	4
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BEN HANBACK 5211 MARYLAND WAY, STE 1060 BRENTWOOD, TN 37027	PRESIDENT 0.50	0.	0.	0.
FLETCHER FOSTER 3322 WEST END AVE. 11TH FL NASHVILLE, TN 37203	VICE PRESIDENT 0.50	0.	0.	0.
JAMES W. BERRY, JR. 424 CHURCH STREET, STE 1600 NASHVILLE, TN 37219	SECRETARY 0.50	0.	0.	0.
EDWARD LANG 501 BROADWAY NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
LAURA ALLEN 1101 6TH AVENUE NO. NASHVILLE, TN 37208	DIRECTOR 0.50	0.	0.	0.
PAUL BARNABEE 1400 18TH AVENUE SOUTH NASHVILLE, TN 37212	DIRECTOR 0.50	0.	0.	0.
JOHN VON ARB 1433 TRACE RIDGE LANE NASHVILLE, TN 37221	DIRECTOR 0.50	0.	0.	0.
JOHN DWYER 441 MURFREESBORO ROAD NASHVILLE, TN 37210	DIRECTOR 0.50	0.	0.	0.
MIKE HASSELL 3212 WEST END AVE., STE 500 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
JEFF LYNCH 783 OLD HICKORY BLVD., STE 201 BRENTWOOD, TN 37027	TREASURER 0.50	0.	0.	0.
RANDY HOFFMAN 700 JOHNNY CASH PKWY HENDERSONVILLE, TN 37075	DIRECTOR 0.50	0.	0.	0.

CAROL MCALPINE 3813 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215	DIRECTOR 0.50	0.	0.	0.
RON MILLS 111 WESTWOOD PLACE, STE 400 BRENTWOOD, TN 37027	DIRECTOR 0.50	0.	0.	0.
BRUCE SCOGGINS 321 SHADOWWOOD DRIVE SMYRNA, TN 37167	DIRECTOR 0.50	0.	0.	0.
NANCY TUNICK P.O. BOX 90640 NASHVILLE, TN 37209	DIRECTOR 0.50	0.	0.	0.
CHRIS WHITSON 424 CHURCH STREET, STE 2000 NASHVILLE, TN 37219	DIRECTOR 0.50	0.	0.	0.
KEVIN CARTER P.O. BOX 3772 BRENTWOOD, TN 37224	DIRECTOR 0.50	0.	0.	0.
KEVIN SHARP 209 10TH AVENUE SOUTH, SUITE 527 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
DR. JOHN F. KUTTESCH, JR. 2220 PIERCE AVENUE NASHVILLE, TN 37232	DIRECTOR 0.50	0.	0.	0.
SANDY LIPMAN 5906 HILLSBORO ROAD NASHVILLE, TN 37215	DIRECTOR 0.50	0.	0.	0.
GINNY PANOFF 319 CANTON STONE DRIVE FRANKLIN, TN 37067	DIRECTOR 0.50	0.	0.	0.
JIM PANOFF 319 CANTON STONE DRIVE FRANKLIN, TN 37067	DIRECTOR 0.50	0.	0.	0.
JENNIE D. RENWICK 2010 CHURCH STREET, STE 521 NASHVILLE, TN 37203	DIRECTOR 0.50	0.	0.	0.
ALAN SCARBORO P.O. BOX 100 FRANKLIN, TN 37064	DIRECTOR 0.50	0.	0.	0.

KEVIN SMITH	DIRECTOR			
613 BRADLEY COURT	0.50	0.	0.	0.
FRANKLIN, TN 37067				
MICHELLE ROSEN	EXECUTIVE DIRECTOR			
209 10TH AVENUE SOUTH, SUITE 527	40.00	60,000.	0.	0.
NASHVILLE, TN 37203				
PAT LEDFORD	DEVELOPMENT DIRECTOR			
209 10TH AVENUE SOUTH, SUITE 527	40.00	50,000.	0.	0.
NASHVILLE, TN 37203				
TOTALS INCLUDED ON FORM 990, PART V-A		110,000.	0.	0.

SCHEDULE A	OTHER INCOME	STATEMENT	5
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DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
FUNDRAISING	153,450.	135,464.	76,258.	32,664.
MISCELLANEOUS	3,289.	4,163.	5,073.	155.
TOTAL TO SCHEDULE A, LINE 22	156,739.	139,627.	81,331.	32,819.