See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	45589	22	23784
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	43589	25	23784
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	43589	27	23784

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

What is the organization's primary exempt purpose? FULFILL WISHES OF LOCAL CHILDREN

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 FULFILLING THE WISHES OF CHILDREN WITH LIFE THREATENING ILLNESSES OR SEVERE LIFE ALTERING INJURIES

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ 28a 71519

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SPIKE ADAMS 1023 S. 32ND AVE YAKIMA	DIRECTOR 1/4	-0-	-0-	-0-
ALAN DILLMAN 1023 S 32nd AVE YAKIMA	" "	-0-	-0-	-0-
TOM VANDENBERG 1023 S. 32nd AVE YAKIMA	" "	-0-	-0-	-0-
PEGGIE VANDENBERG 1023 S. 32nd AVE YAKIMA	" "	-0-	-0-	-0-
KARA SCHULKE 1023 S. 32nd AVE YAKIMA	" "	-0-	-0-	-0-
LIZ PIERCE 1023 S. 32nd AVE YAKIMA	" "	-0-	-0-	-0-
HEIDI ANDERSON 1023 S. 32nd AVE YAKIMA	EXECUTIVE DIRECTOR 40	-0-	-0-	-0-
ROD NELSON 1023 S. 32nd Ave YAKIMA	DIRECTOR 1/4	-0-	-0-	-0-
BILL RABER 1023 S. 32nd AVE YAKIMA	" "	-0-	-0-	-0-

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CHILDRENS WISHES & DREAMS
1023 S 32ND AVE
YAKIMA WA 98902

25164

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee — Date: 6/27/2011

Executive Director
Title