



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	43589	23784
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	43589	23784
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43589	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. ☐

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.

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

28	<u>FULFILLING THE WISHES OF CHILDREN WITH LIFE THREATENING ILLNESSES OR SEVERE LIFE ALTERING INJURIES</u>		
	(Grants \$) If this amount includes foreign grants, check here ☐	28a	71519
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	28a	
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
<u>SPIKE ADAMS</u>	<u>DIRECTOR</u> 1/4	-0-	-0-	-0-
<u>1023 S. 32ND AVE YAKIMA</u>				
<u>ALAN DILLMAN</u>	" "	-0-	-0-	-0-
<u>1023 S. 32ND AVE YAKIMA</u>				
<u>TOM VANDENBERG</u>	" "	-0-	-0-	-0-
<u>1023 S. 32ND AVE YAKIMA</u>				
<u>PEGGIE VANDENBERG</u>	" "	-0-	-0-	-0-
<u>1023 S. 32ND AVE YAKIMA</u>				
<u>KARA SCHULKE</u>	" "	-0-	-0-	-0-
<u>1023 S. 32ND AVE YAKIMA</u>				
<u>LIZ PIERCE</u>	" "	-0-	-0-	-0-
<u>1023 S. 32ND AVE YAKIMA</u>				
<u>HEIDI ANDERSON</u>	<u>EXECUTIVE</u>			
<u>1023 S. 32ND AVE YAKIMA</u>	<u>DIRECTOR</u> 40	-0-	-0-	-0-
<u>ROD NELSON</u>				
<u>1023 S. 32ND AVE YAKIMA</u>	<u>DIRECTOR</u> 1/4	-0-	-0-	-0-
<u>BILL RABER</u>	" "	-0-	-0-	-0-
<u>1023 S. 32ND AVE YAKIMA</u>				

0425870078

June 24, 2011 LTR 2695C O R
20-3681946 201012 67

00021981

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



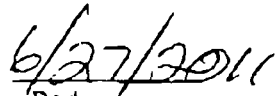
DECLARATION

25164

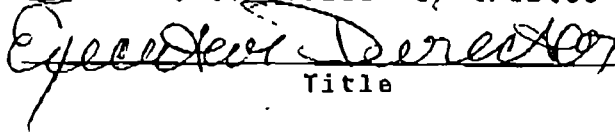
Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



Signature of officer or trustee



Date



Title