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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning SEP 1, 2010 and ending AUG 31, 2011

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MAKE-A-WISH FOUNDATION OF UTAH, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
771 EAST WINCHESTER

City or town, state or country, and ZIP + 4
SALT LAKE CITY, UT 84107

F Name and address of principal officer CHRISTINE SHARER
SAME AS C ABOVE

D Employer identification number
74-2392822

E Telephone number
(801) 262-9474

G Gross receipts $ 1,944,150.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UTAH.WISH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985 M State of legal domicile: UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE GRANT THE WISHES OF UTAH CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	308
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,777,971.	1,762,638.
9	Program service revenue (Part VIII, line 2g)	0.	4,029.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,794.	4,717.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	118,732.	104,695.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,898,497.	1,876,079.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,133,701.	1,207,177.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	537,982.	561,682.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 229,474.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	304,325.	314,134.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,976,008.	2,082,993.
19	Revenue less expenses. Subtract line 18 from line 12	<77,511.>	<206,914.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,097,809.	2,776,308.
21	Total liabilities (Part X, line 26)	332,619.	218,124.
22	Net assets or fund balances. Subtract line 21 from line 20	2,765,190.	2,558,184.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 1/13/12

▶ CHRISTINE SHARER, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CHRIS A YOAKAM		01/13/12	☐	

Firm's name ▶ ARTHUR AND ASSOCIATES — Firm's EIN ▶

Firm's address ▶ PO BOX 58985
SALT LAKE CITY, UT 84158 — Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SCANNED JAN 24 2012

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

7917

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission

WE GRANT THE WISHES OF UTAH CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH AND JOY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 1,563,914. including grants of $ 1,119,903.) (Revenue $ _____)

WISH GRANTING: WE GRANT ONE PERSONAL, HEARTFELT WISH TO EVERY MEDICALLY-ELIGIBLE UTAH CHILD BETWEEN THE AGES OF 2.5 AND 18 WHO HAS A LIFE-THREATENING MEDICAL CONDITION AS DETERMINED BY THE CHILD'S OWN PHYSICIAN. IN 2011, WE GRANTED 151 WISHES WITH AN ADDITIONAL 43 WISHES APPROVED AND PENDING, IN SOME STAGE OF DELIVERY, AS THE YEAR ENDED. WE SERVED 1,063 IMMEDIATE FAMILY MEMBERS WHO DIRECTLY PARTICIPATED IN THESE WISHES. WE ALSO PROVIDE LOCAL PLANNING, LOGISTICS, AND SUPPORT FOR CHILDREN WHO ARE VISITING UTAH FROM ANOTHER STATE IN FULFILLMENT OF A WISH TAKING PLACE HERE IN UTAH; AN EXTENSIVE VOLUNTEER PROGRAM WHICH PROVIDES TRAINING AND DEVELOPMENT TO OUR WISHGRANTING VOLUNTEERS; AND A MEDICAL OUTREACH PROGRAM TO DEVELOP REFERRALS OF MEDICALLY-ELIGIBLE CHILDREN FROM HEALTH CARE PROVIDERS AT HOSPITALS, AND CLINICS.

4b (Code _____) (Expenses $ 123,569. including grants of $ 123,569.) (Revenue $ _____)

FAMILY RESPITE: WE ALSO PROVIDE OPPORTUNITIES FOR SMALLER EXPERIENCES OF HOPE, STRENGTH, AND JOY FOR CLIENT FAMILIES AFTER THEIR WISH EXPERIENCES ARE COMPLETED, OR WHILE THEY WAIT FOR A WISH THAT IS BEING PLANNED. THESE OPPORTUNITIES FOR FAMILY FUN AND TOGETHERNESS WERE HELD ALL OVER THE STATE AND ATTENDED BY MORE THAN 3000 WISH FAMILY MEMBERS IN 2011. THEY INCLUDED HOLIDAY PARTIES, SPORTS AND ARTS EVENTS, CONCERTS, OUTINGS, AND OTHER SIMILAR ACTIVITIES.

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e **Total program service expenses** ▶ 1,687,483.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ UT

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶

CHRISTINE SHARER - (801)262-9474
771 EAST WINCHESTER, SALT LAKE CITY, UT 84107

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KENT FORSGREN CHAIR	3.00	X		X				0.	0.	0.
HOPE BUTLER TREASURER	3.00	X		X				0.	0.	0.
MICHELYN FARNSWORTH SECRETARY	3.00	X		X				0.	0.	0.
ERIC BARLOW TRUSTEE	3.00	X						0.	0.	0.
BRENT T. BINGHAM TRUSTEE	3.00	X						0.	0.	0.
DAVID BISHOP TRUSTEE	3.00	X						0.	0.	0.
DEAN COTTLE TRUSTEE	3.00	X						0.	0.	0.
TYLER DABO TRUSTEE	3.00	X						0.	0.	0.
OWEN FISHER TRUSTEE	3.00	X						0.	0.	0.
JOYCE J. GRIFFIN TRUSTEE	3.00	X						0.	0.	0.
TODD HEINER TRUSTEE	3.00	X						0.	0.	0.
RANDY HUNT TRUSTEE	3.00	X						0.	0.	0.
PAUL HUTCHINSON TRUSTEE	3.00	X						0.	0.	0.
RICK M. HYMAS TRUSTEE	3.00	X						0.	0.	0.
JANN PARKER TRUSTEE	3.00	X						0.	0.	0.
DAVE RUSSON TRUSTEE	3.00	X						0.	0.	0.
DAVE THOMAS TRUSTEE	3.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE SHARER CHIEF EXECUTIVE OFFICER, NON VOTING	50.00			X				82,000.	0.	21,798.
1b Sub-total								82,000.	0.	21,798.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								82,000.	0.	21,798.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	30,831.				
	b Membership dues	1b					
	c Fundraising events	1c	148,628.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,583,179.				
	g Noncash contributions included in lines 1a-1f $ 488,779.						
	h **Total.** Add lines 1a-1f		▶	1,762,638.			
Program Service Revenue		Business Code					
	2 a WISH ASSIST FEES	812900		4,029.	4,029.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f		▶	4,029.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	4,717.	4,717.		
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6 a Gross Rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)		▶				
	8 a Gross income from fundraising events (not including $ 148,628. of contributions reported on line 1c) See Part IV, line 18	a 150,165.					
	b Less direct expenses	b 58,316.					
	c Net income or (loss) from fundraising events		▶	91,849.			91,849.
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10 a Gross sales of inventory, less returns and allowances	a 21,911.					
	b Less cost of goods sold	b 9,755.					
	c Net income or (loss) from sales of inventory		▶	12,156.	12,156.		
	Miscellaneous Revenue	Business Code					
	11 a SCHOLARSHIPS	812900		690.	690.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶	690.			
	12 **Total revenue.** See instructions.		▶	1,876,079.	21,592.	0.	91,849.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,207,177.	1,207,177.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,727.	37,032.	22,306.	23,389.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	383,960.	203,251.	79,320.	101,389.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,536.	4,191.	1,930.	2,415.
9 Other employee benefits	51,480.	24,889.	10,841.	15,750.
10 Payroll taxes	34,979.	17,382.	7,698.	9,899.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	8,561.	5,019.	3,371.	171.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	43,443.	10,436.	2,541.	30,466.
13 Office expenses	9,865.	4,784.	1,971.	3,110.
14 Information technology	9,902.	5,894.	1,578.	2,430.
15 Royalties				
16 Occupancy	35,699.	30,031.	2,414.	3,254.
17 Travel	17,268.	8,851.	2,895.	5,522.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,945.	11,988.	1,046.	2,911.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,330.	56,184.	7,239.	8,907.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a NATIONAL PARTNERSHIP DU	60,022.	45,499.	5,441.	9,082.
b MISCELLANEOUS	16,266.	2,588.	11,102.	2,576.
c POSTAGE & DELIVERY	12,580.	5,105.	1,711.	5,764.
d REPAIRS & MAINTENANCE	12,253.	7,182.	2,632.	2,439.
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,082,993.	1,687,483.	166,036.	229,474.
26 **Joint costs.** Check here ▶ [X] if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	4,185.	2,093.	346.	1,746.

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	1.
	2	Savings and temporary cash investments		500,203.	2	132,979.
	3	Pledges and grants receivable, net		283,465.	3	348,942.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		16,636.	8	6,742.
	9	Prepaid expenses and deferred charges		61.	9	450.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,763,856.			
	b	Less accumulated depreciation	10b 568,177.	2,233,317.	10c	2,195,679.
	11	Investments - publicly traded securities		21,157.	11	65,111.
	12	Investments - other securities See Part IV, line 11		25,220.	12	25,128.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		17,750.	15	1,276.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,097,809.	16	2,776,308.
Liabilities	17	Accounts payable and accrued expenses		34,022.	17	28,706.
	18	Grants payable			18	
	19	Deferred revenue		34,650.	19	4,513.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		263,947.	25	184,905.
	26	**Total liabilities.** Add lines 17 through 25		332,619.	26	218,124.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,477,865.	27	2,251,530.
	28	Temporarily restricted net assets		262,325.	28	266,454.
	29	Permanently restricted net assets		25,000.	29	40,200.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,765,190.	33	2,558,184.
	34	Total liabilities and net assets/fund balances		3,097,809.	34	2,776,308.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,876,079.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,082,993.
3	Revenue less expenses Subtract line 2 from line 1	3	<206,914.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,765,190.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<92.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,558,184.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF UTAH, INC.

Employer identification number

74-2392822

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1863599.	2019085.	1975699.	1777971.	1762636.	9398990.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1863599.	2019085.	1975699.	1777971.	1762636.	9398990.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						9398990.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1863599.	2019085.	1975699.	1777971.	1762636.	9398990.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,759.	11,383.	1,720.	1,918.	4,625.	28,405.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	130,690.	143,809.	202,305.	205,874.	172,076.	854,754.
11 **Total support.** Add lines 7 through 10						10282149.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	91.41 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	90.86 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT REVENUE

INCOME FROM SALES OF INVENTORY

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF UTAH, INC.

Employer identification number

74-2392822

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	25,000.	25,000.			
b	Contributions	15,200.				
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	40,200.	25,000.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i)	unrelated organizations	3a(i)	X
(ii)	related organizations	3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		450,249.		450,249.
b Buildings		2,079,600.		2,079,600.
c Leasehold improvements				
d Equipment		234,007.	568,177.	<334,170.>
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			▶	2,195,679.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED PENDING WISH COSTS	157,214.
(3) CAPITALIZED LEASED EQUIPMENT	27,691.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	184,905.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,876,079.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,082,993.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<206,914.>
4	Net unrealized gains (losses) on investments	4	<92.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	<92.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<207,006.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,912,282.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	<92.>		
b	Donated services and use of facilities	2b	36,295.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	36,203.
3	Subtract line **2e** from line **1**			3	1,876,079.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,876,079.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,119,288.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	36,295.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	36,295.
3	Subtract line **2e** from line **1**			3	2,082,993.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	2,082,993.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4: THE INCOME FROM THE ENDOWMENT FUND WILL BE USED IN THE FOUNDATION'S WISH GRANTING ACTIVITIES.

PART X, LINE 2: FIN 48 PARAGRAPH

ASC TOPIC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST

Part XIV Supplemental Information *(continued)*

AND PENALTIES, DISCLOSURE, AND TRANSITION. THE FOUNDATION HAS ADOPTED THE DEFERRAL AND DISCLOSURE PROVISION OF ASC 740 FOR ITS AUGUST 31, 2010 FINANCIAL STATEMENTS AND HAS ADOPTED THE PROVISION OF ASC 740 FOR THE YEAR ENDED AUGUST 31, 2011. MANAGEMENT ASSERTS THAT NO SUCH UNCERTAIN TAX POSITIONS EXIST FOR THE FOUNDATION AT AUGUST 31, 2011.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF UTAH, INC.

Employer identification number

74-2392822

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 GALA (event type)	(b) Event #2 DERBY (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	167,105.	60,615.	71,073.	298,793.
	2 Less Charitable contributions	95,768.	6,063.	46,797.	148,628.
	3 Gross income (line 1 minus line 2)	71,337.	54,552.	24,276.	150,165.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			2,673.	2,673.
	7 Food and beverages	36,380.		4,729.	41,109.
	8 Entertainment	4,611.	896.	4,538.	10,045.
	9 Other direct expenses	1,353.		3,136.	4,489.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(58,316.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	91,849.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MAKE-A-WISH FOUNDATION OF UTAH, INC.

Employer identification number
74-2392822

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2010)

032101 01-13-11

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
WISHES GRANTED	865	130,604.	832,085.	FMV	TRAVEL, M&E, SUPPLIES
WISHES PENDING	198	2,446.	154,768.	FMV	TRAVEL, M&E, SUPPLIES

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: MAKE A WISH FOUNDATION OF UTAH DOES NOT PROVIDE CASH GRANTS TO INDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET THE SPECIFIC CRITERIA FOR THE WISH GRANTING PROGRAM. THE ORGANIZATION ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE EXCEPTION OF TRAVEL STIPENDS (I.E. MEALS, TIPS, GAS, ETC) FROM A STANDARDIZED WISH BUDGET. ALL WISH EXPENSES ARE DEVELOPED BY THE DIRECTOR OF PROGRAM SERVICES AND ARE APPROVED BY THE PRESIDENT/CEO. THE SUPPORTING WISH EXPENSE DOCUMENTATION (I.E. INVOICES AND STATEMENTS) IS RETAINED BY THE ORGANIZATION.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: MAKE-A-WISH FOUNDATION OF UTAH, INC.

Employer identification number: 74-2392822

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (LODGING/TICKE)	X	161	323,513.	RETAIL VALUE
26	Other ▶ (WISH FAMILY A)	X	82	94,583.	RETAIL VALUE
27	Other ▶ (SHOPPING SPRE)	X	21	57,853.	RETAIL VALUE
28	Other ▶ (MEALS, ENT.,)	X	124	31,846.	RETAIL VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

TOYS & GAMES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 16

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 5173.

(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF UTAH, INC.

Employer identification number

74-2392822

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUMAN EXPERIENCE WITH HOPE, STRENGTH AND JOY. IT IS OUR VISION THAT EVERYONE EVERYWHERE WILL HAVE AN OPPORTUNITY TO "SHARE THE POWER OF A WISH". PARTICIPATION IN A WISH EXPERIENCE ENRICHES FAR MORE THAN THE CHILD AND FAMILY. IT ALSO GIVES HOPE, STRENGTH AND JOY TO THE COMMUNITIES THAT GATHER TO WITNESS, FULFILL, AND CELEBRATE IT. WE SERVE THE STATE OF UTAH, AND SPECIFICALLY UTAH CHILDREN BETWEEN 2 1/2 AND 18 WHOSE PHYSICIANS HAVE DIAGNOSED A DEGENERATIVE, PROGRESSIVE, OR MALIGNANT ILLNESS THAT PUTS THEIR LIVES IN JEOPARDY. A CHILD'S PHYSICIAN IS ALWAYS A PART OF OUR TEAM, AND WE TRY TO SERVE EACH CHILD AT THE POINT IN THE ILLNESS WHEN A WISH CAN MAKE THE MOST DIFFERENCE. MANY OF THOSE CHILDREN WILL BE SURVIVORS. ALL OF THEM WILL BE HEALED, LIFTED, AND RENEWED BY THE EXPERIENCE. "IT IS THE SPIRITUAL AND EMOTIONAL THINGS THAT SHE RESPONDS TO, SOMETIMES EVEN MORE THAN THE MEDICINE."

ADDITIONAL INFORMATION

BRIEF HISTORY

THE MAKE-A-WISH CONCEPT BEGAN WITH THE WISH OF CHRIS, AN EIGHT-YEAR-OLD BOY IN PHOENIX WHO WANTED TO BE A POLICE OFFICER. FRIENDS COLLABORATED TO MAKE HIS DREAM A REALITY RIGHT BEFORE HIS DEATH FROM CHILDHOOD LEUKEMIA IN 1980. AFTER CHRIS DIED, TV COVERAGE OF THEIR WORK INSPIRED COMMUNITIES ALL OVER THE COUNTRY TO LAUNCH SIMILAR EFFORTS.

THE UTAH CHAPTER WAS FOUNDED IN 1985 WHEN THE WISH OF A LITTLE GIRL FROM FLORIDA BROUGHT HER TO PARK CITY "TO SEE MY BEST FRIEND WHO MOVED

TO UTAH AND TASTE THE SNOW." THAT SAME YEAR A TEENAGER FROM IOWA, WHO LOVED THE HOLIDAYS AND WOULD NOT LIVE UNTIL CHRISTMAS ASKED, "IS THERE ANYWHERE WE COULD FIND SNOW IN OCTOBER?" HE AND HIS FAMILY CAME TO A CABIN IN THE HIGH UINTAS THAT FALL TO CELEBRATE THANKSGIVING AND CHRISTMAS TOGETHER ONE LAST TIME. THESE TWO CHILDREN INSPIRED A GROUP OF UTAH VOLUNTEERS TO FOUND THE UTAH CHAPTER AND GIVE SERIOUSLY-ILL UTAH CHILDREN THE SAME INSPIRING OPPORTUNITY TO MAKE ONE WISH.

"THE MAKE-A-WISH FOUNDATION" OF UTAH IS AN INDEPENDENTLY INCORPORATED 501 (C) (3) UTAH NONPROFIT, CHARTERED AS ONE OF 63 CHAPTERS ACROSS THE COUNTRY. ITS FUNDS ARE RAISED AND SPENT IN UTAH, AND ITS WORK IS DONE BY 300 VOLUNTEERS UNDER THE GUIDANCE AND TRAINING OF A STAFF OF 9 FTE.

CURRENT PROGRAMS AND ACTIVITIES

WISHES

THIS YEAR WE GRANTED 151 WISHES FOR UTAH CHILDREN, WITH AN ADDITIONAL 43 IN SOME STAGE OF DELIVERY AT YEAR'S END. EACH WISH EXPERIENCE IS DESIGNED IN EVERY DETAIL FOR ONE PARTICULAR CHILD. WISHES ARE AS DIVERSE AS THE CHILDREN WHO MAKE THEM. THERE WERE WISHES "TO MEET" A BELOVED SPORTS FIGURE OR CELEBRITY WHOSE COURAGE HAS BEEN A MODEL AND AN INSPIRATION FOR THE CHILD. IN 2011, WE GRANTED WISHES TO MEET CELEBRITIES LIKE KISS, THE JONAS BROTHERS, LANCE BRIGGS, THE MINNESOTA VIKINGS, MILEY CYRUS, GLENN BECK, JENSEN ACKLES, SNOOP DOG, THE PHOENIX SUNS, TAYLOR SWIFT, JACKIE CHAN, RAJON RONDO, AND RACAL FLATTS. THERE WERE WISHES "TO GO" OFF ON A LONG-AWAITED VACATION AFTER MANY MONTHS OF ISOLATION BEFORE AND AFTER AN ORGAN TRANSPLANT OR A LONG REGIMEN OF CHEMO-THERAPY.

Name of the organization: MAKE-A-WISH FOUNDATION OF UTAH, INC.

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THIS YEAR WE HAVE GRANTED 112 WISHES THAT INVOLVED TRAVEL: TO PARTICIPATE IN FASHION WEEK IN NYC, TO VISIT THE MUSEUMS OF ITALY, TO SWIM WITH DOLPHINS OR SHARKS, TO EXPLORE AN AIRCRAFT CARRIER, TO CRUISE TO ALASKA OR THE CARIBBEAN, TO VISIT DISNEY WORLD OR TAKE A DISNEY CRUISE, TO GO TO SPACE CAMP IN ALABAMA, OR TO THE SAN DIEGO ZOO, TO LEARN TO SURF IN HAWAII OR KICK BACK IN A CALIFORNIA BEACH HOUSE, AND MANY OTHER SUCH ADVENTURES. CHILDREN ESPECIALLY LIKE TO BE ABLE TO GIVE THEIR FAMILIES A WONDERFUL EXPERIENCE LIKE A TRIP TO DISNEY WORLD OR A CRUISE IN THE TROPICS, BECAUSE THEY KNOW THEIR FAMILIES HAVE SHARED ALL THE LIMITATIONS AND DEPRIVATIONS OF THEIR ILLNESSES. THERE WERE WISHES "TO BE" A MODEL IN NEW YORK CITY OR A PALEONTOLOGIST IN VERNAL. THERE WERE WISHES "TO HAVE" A VARIETY OF GIFTS LIKE FOUR-WHEELERS, PLAYHOUSES IN MANY THEMES FROM PIRATES TO PRINCESSES, A HAND-CRAFTED TUBA, OUTDOOR PLAYGROUNDS, MOVIE EDITING SOFTWARE, BEDROOM OR CAR MAKE-OVERS, A POP-UP CAMPER, A KAYAK, ELECTRONICS OR A SHOPPING SPREE. AND THERE ARE ALWAYS WISHES THAT ARE HARDER TO PUT INTO ONE OF THE FOUR MAJOR CATEGORIES. THIS YEAR, A YOUNG MAN WISHED FOR NEW TEETH, BECAUSE HIS OWN WERE DESTROYED BY CHEMOTHERAPY; AND A CHILD WITH A DEGENERATIVE ILLNESS WISHED FOR A ROOM FULL OF PLAY THERAPY TOYS AND STRUCTURES.

A CHILD WHO IS ASKED TO "WISH" BEGINS TO VISUALIZE A MORE POSITIVE FUTURE AND TO FEEL EMPOWERED TO FIGHT FOR THAT FUTURE. A WISH EXPERIENCE OFTEN MOTIVATES THE COURAGE TO CONTINUE DIFFICULT AND PAINFUL TREATMENT AGAINST LONG ODDS; AND A WISH ALWAYS CREATES THE SHEER DELIGHT OF A DREAM COME TRUE AT A TIME WHEN IT IS MOST NEEDED.

CHILDREN COME TO THE MAKE-A-WISH FOUNDATION AT A FRIGHTENING TIME IN

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THEIR LIVES-A TIME OF UNCERTAINTY, FRUSTRATING LIMITATIONS, FEAR, AND OFTEN PAIN. THIS IS A TIME WHEN LIFE-THREATENING ILLNESS ABRUPTLY HALTS THE REAL WORK OF A CHILD'S LIFE-DREAMING, CREATING, IMAGINING, PLAYING-AND INITIATES INSTEAD A DETERMINED FIGHT FOR LIFE ITSELF. AND IT IS ALSO A TIME WHEN THE CHILDREN'S FAMILIES FRACTURE AT AN ALARMING RATE UNDER INTENSE FINANCIAL AND PSYCHOLOGICAL PRESSURES.

A "WISH" IS A CRITICALLY-ILL CHILD'S ANSWER TO THE QUESTION: IF YOU COULD HAVE ANYTHING IN THE WORLD, GO ANYWHERE, BE OR DO ANYTHING, WHAT WOULD YOU CHOOSE? THE OPPORTUNITY TO "MAKE A WISH" PUNCTUATES A DARK TIME IN THE CHILD'S LIFE WITH A BRIGHT INTERLUDE THAT IS HOPEFUL, POSITIVE, AND JOYFUL.

CHILDREN ARE REFERRED AT ANY TIME IN THE COURSE OF TREATMENT FOR A LIFE-THREATENING MEDICAL CONDITION, BUT IDEALLY AT A POINT WHEN THE WISH EXPERIENCE CAN BE A HELPFUL INTERVENTION: RENEWING A CHILD'S HOPE, PROVIDING SOMETHING POSITIVE TO LOOK FORWARD TO AND PLAN FOR, OFFERING A TIME OF RESPITE TO A STRESSED FAMILY, AND RENEWING A CHILD'S WILLINGNESS TO BE AN ACTIVE PARTICIPANT IN THE TREATMENT PROCESS WHEN SOME CHILDREN ARE INCLINED TO GIVE UP.

NOT ALL THE CHILDREN WE SERVE ARE IN A TERMINAL CLINICAL CONDITION. MANY, WHO HAVE CANCER FOR EXAMPLE, WILL BE SURVIVORS IN THE END. A WISH IS A LIFE-AFFIRMING INTERVENTION IN A DARK AND DIFFICULT TIME, AND IS DESIGNED TO GIVE EACH CHILD THE BEST CHANCE FOR A POSITIVE OUTLOOK AND HEALING.

CHILDREN AND THEIR IMMEDIATE FAMILIES COMPRISE ABOUT 1,000 DIRECT

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PARTICIPANTS IN A WISH EXPERIENCE EACH YEAR. SEVERAL THOUSAND ADDITIONAL EXTENDED FAMILY MEMBERS, VOLUNTEERS, DONORS, AND FRIENDS GATHER TO SUPPORT AND CELEBRATE THE CHILDREN'S WISHES AS THEY ARE PLANNED AND FULFILLED. AND OVER 3,000 CLIENT FAMILY MEMBERS PARTICIPATE ANNUALLY IN SMALLER OUTINGS, PARTIES, AND ACTIVITIES THAT WE ARRANGE FOR FAMILY FUN AND RESPITE THROUGHOUT THE YEAR.

FAMILY RESPITE ACTIVITIES

THE FOUNDATION CREATES ACTIVITIES THROUGHOUT THE YEAR FOR FAMILIES WHO HAVE COMPLETED A WISH. THESE ACTIVITIES ARE ONGOING NETWORKING AND RECREATIONAL ACTIVITIES FOR OUR FAMILIES--AFTER A CHILD'S WISH IS GRANTED--TO PROVIDE TIMES OF FAMILY FUN, RESPITE, HEALING, AND FELLOWSHIP WITH OTHERS IN SIMILAR CIRCUMSTANCES IN THE MIDST OF THE STRESSES AND GRIEF OF CATASTROPHIC ILLNESS.

DURING THE PAST YEAR OVER 3,000 CHILDREN AND ADULTS PARTICIPATED IN ONE OR MORE FAMILY RESPITE ACTIVITIES. THESE EVENTS OFFER A CHANCE TO ENJOY SMALLER MOMENTS OF RESPITE AND FUN AS A FAMILY AND AN OPPORTUNITY TO NETWORK WITH OTHER FAMILIES WHO SHARE SIMILAR EXPERIENCES AND LIMITATIONS. CLIENT FAMILIES CONTINUE TO TELL US THAT THEY ARE CHALLENGED BY SIMPLY GETTING THROUGH THE DAY, AND THAT THEY FORGET HOW TO "PLAY" OR DECOMPRESS. FAMILIES AND MARRIAGES CAN FRAGMENT AND BREAK UNDER THE PRESSURE, SO OPPORTUNITIES TO GATHER FOR LIGHTHEARTED PURPOSES ARE CRITICAL SAFETY VALVES. INCLUDED IN THIS KIND OF ACTIVITY IS OUR ANNUAL WISH FAMILY REUNION PICNIC, BREAKFAST WITH SANTA AT FOUR LOCATIONS AROUND THE STATE, A SPRING EASTER EGG HUNT, HALLOWEEN EVENTS, A TRIP TO THE NORTH POLE ON THE HEBER CREEPER, AND A VARIETY OF SPORTS, MUSIC AND ARTS EVENTS THROUGHOUT THE YEAR.

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WISH ASSISTS FOR CHILDREN FROM OTHER STATES

IN ADDITION TO GRANTING WISHES FOR UTAH CHILDREN, THE CHAPTER HOSTS CHILDREN FROM OTHER STATES WHO COME TO UTAH IN FULFILLMENT OF A WISH. IN 2011 THESE WISHES INCLUDED SUCH UTAH EXPERIENCES AS THE CHANCE TO SKI OR LEARN TO SNOWBOARD, TO MEET OLYMPIAN SHAUN WHITE, TO EXPLORE A DINOSAUR DIG, AND "TO BE" A PALEONTOLOGIST.

ONE OF THE GREAT STRENGTHS OF THE MAKE-A-WISH MODEL IS THE PRESENCE OF VOLUNTEERS IN EVERY CONCEIVABLE LOCATION, BOTH NATIONALLY AND INTERNATIONALLY. WE ARE ASSISTED IN OUR WORK HERE BY 64 SISTER CHAPTERS ACROSS THE COUNTRY AND 38 AFFILIATES INTERNATIONALLY. THEY MAKE LOCAL ARRANGEMENTS AND ACT AS HOSTS AND GUIDES FOR FAMILIES ON A WISH ADVENTURE. THIS COLLABORATIVE NETWORK IS ONE OF THE MOST POWERFUL RESOURCES AVAILABLE TO OUR CHILDREN.

"WHEN YOU ARE TRYING TO PREPARE A CHILD FOR THE TOUGH AND LONG TREATMENT TO COME, YOU ARE LOOKING DESPERATELY FOR SOME 'GOOD NEWS,' TOO, TO PROVIDE A BALANCE AND A FUTURE AND SOMETHING POSITIVE TO TALK ABOUT. THERE WERE FEW RAYS OF LIGHT WHEN WE WERE TOLD WHAT TO EXPECT FROM CANCER. BUT MAKE-A-WISH WAS ONE. WE NEEDED THOSE RAYS OF LIGHT."
JAMI'S DAD

WHY A WISH?

CHILDREN COME TO THE MAKE-A-WISH FOUNDATION AT A FRIGHTENING TIME IN THEIR LIVES, A TIME WHEN LIFE-THREATENING ILLNESS ABRUPTLY HALTS THE REAL WORK OF A CHILD'S LIFE-DREAMING, CREATING, IMAGINING, PLAYING-AND INITIATES INSTEAD A DETERMINED FIGHT FOR LIFE ITSELF.

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A WISH IS A LIFE-AFFIRMING INTERVENTION IN A FRIGHTENING TIME, A TIME WHEN A DOSE OF JOY AND PLAYFULNESS CAN BE HEALING AND CAN CREATE IN THE CHILD'S IMAGINATION AN ALTERNATIVE FUTURE THAT IS WORTH FIGHTING FOR. AND IT CAN HAVE IMMENSE VALUE FOR THE CHILD'S ENTIRE FAMILY.

ADDITIONAL INFORMATION (CONTINUED)

"THE HARDEST THING FOR A PARENT IS NOT BEING ABLE TO TAKE THE PROBLEM AWAY, OR FIX, IT, OR PROTECT HER. YOU LOSE ALL CONTROL AND SHE LOSES ALL SECURITY. SHE IS ROBBED OF HER INNOCENCE. YOU GAVE ALL THAT BACK TO US FOR ONE OF THE MOST WONDERFUL WEEKS WE HAVE EVER KNOWN, AND IT HAS CHANGED WHO SHE IS COMPLETELY. SABRINA FINALLY SMILED A REAL SMILE FOR THE FIRST TIME SINCE ALL OF THIS BEGAN. IT TOOK TILL THE SECOND DAY, BUT SHE STARTED ACTING LIKE A KID AGAIN. AS A PARENT THERE IS NO GREATER GIFT." SABRINA'S MOTHER

WE BELIEVE THAT EVERY CHILD FACING THE BRUTAL REALITIES OF LIFE-THREATENING ILLNESS DESERVES THE MAGIC AND JOY OF A WISH. WE DO NOT SELECT ONLY PARTICULAR CHILDREN FOR OUR SERVICES. A SELECTION PROCESS CAN CREATE ANXIETY ABOUT WHO WILL BE CHOSEN, AND REJECTION OR DISAPPOINTMENT FOR THOSE WHO ARE NOT. WE SIMPLY OFFER A WISH TO EVERY CHILD WHO IS MEDICALLY ELIGIBLE.

A WISH IS MEANT TO BE THE ONE EVENT IN A CHILD'S ENCOUNTER WITH SERIOUS ILLNESS THAT IS CERTAIN, EFFORTLESS, AND JOYFUL. WHEN WE INVITE A CHILD TO "MAKE" A WISH, WE ARE ALSO SETTING UP THE CONFIDENT AND DELIGHTED EXPECTATION THAT WE WILL GRANT IT - ALWAYS AND WITHOUT DELAY.

THE CHILDREN'S HOSPITAL, ESPECIALLY ON THE ONCOLOGY FLOOR, BUZZES WITH HAPPY CHATTER ABOUT WISHING. CHILDREN WHO HAVE RECEIVED A WISH INITIATE NEWCOMERS INTO WISHMAKING, KNOWING THAT EVERY ONE OF THEM WILL HAVE A TURN.

WE HAVE NEVER WAIT-LISTED OR DENIED SERVICES TO ANY MEDICALLY-ELIGIBLE CHILD. THE VALUE OF OUR PROGRAM DEPENDS ON A SWIFT, JOYFUL, ALMOST MAGICAL RESPONSE FROM US. SO WE WANT TO CONTINUE TO SERVE EVERY SINGLE UTAH CHILD WHO COMES TO US FULL OF CONFIDENT HOPE AND EXPECTATION.

"I WAS IN PRIMARY CHILDREN'S HOSPITAL WITH AN IV IN MY ARM. THE DOCTOR JUST TOLD ME I COULDN'T PLAY BASKETBALL WITH THE JUNIOR JAZZ ANYMORE. SHE SAID I COULDN'T SWIM EITHER. I WAS VERY SAD. THEN A LADY CAME IN AND SAID SHE KNEW MAKE-A-WISH, AND SHE ASKED ME TO THINK OF ONE THING I WANTED MORE THAN ANYTHING IN THE WORLD." CLINTON, AGE 12

VOLUNTEERS

WE HAVE A ROBUST VOLUNTEER PROGRAM. VOLUNTEER "WISH GRANTERS" DELIVER OUR PROGRAM AND GIVE A PERSONAL FACE TO THE FOUNDATION IN EACH COMMUNITY. "WISH MAGICIANS" HELP US STAGE EVENTS THAT RAISE MONEY AND PROVIDE RESPITE ACTIVITIES FOR FAMILIES. "WISH AMBASSADORS" HELP US TELL OUR STORY IN THE COMMUNITY. VOLUNTEERS ALSO HELP IN OUR OFFICE AND TAKE ON SPECIAL PROJECTS. FOR BUSINESSES THAT PROVIDE FUNDING FOR A WISH, WE CAN OFTEN INCORPORATE EMPLOYEE GROUPS INTO A WISH CELEBRATION, OR INTO THE PREPARATION OF A WISH BY PAINTING A PLAYHOUSE, FOR EXAMPLE, OR INSTALLING A SWING SET IN A BACK YARD. WE HAVE VOLUNTEERS SPREAD THROUGH COMMUNITIES ALL OVER THE STATE, AND IT IS HARD TO IMAGINE A VOLUNTEER EXPERIENCE THAT IS MORE CHALLENGING AND FULFILLING.

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"YOUR VOLUNTEERS WERE LIKE ANGELS THAT MOVED INTO OUR LIVES, TOOK US BY THE HAND AND GUIDED US, THEN LET US GO. HOW CAN WE EVER THANK THEM ENOUGH." ØONATHAN'S MOM

FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM ENGAGED TO PREPARE THE RETURN. THE DRAFT RETURN PREPARED BY THE ACCOUNTING FIRM WAS REVIEWED BY THE FOUNDATION'S CEO. THE RETURN WAS THEN PRESENTED TO THE EXECUTIVE COMMITTEE AND FINANCE COMMITTEE OF THE BOARD, COMPOSED OF FINANCIAL PROFESSIONALS, FOR REVIEW AND COMMENTS. SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A FINAL VERSION WAS PROVIDED TO ALL VOTING BOARD MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER, EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND REVIEWED BY THE VOLUNTEER COORDINATOR IF THEY ARE FROM VOLUNTEERS, AND THE CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS MONITORED BY THE CHIEF EXECUTIVE OFFICER. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE CHIEF EXECUTIVE OFFICER BECOMES AWARE INCLUDES, BUT ARE NOT LIMITED TO, THE FOLLOWING: (1) DETERMING THE NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON; (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD; (3) THE CONFLICTED PERSON RECUSES

HIMSELF/HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION; AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.

FORM 990, PART VI, SECTION B, LINE 15A: FOR 2010 COMPENSATION, THE CEO'S COMPENSATION WAS DETERMINED BY THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED BY STATE ORGANIZATIONS LIKE THE UTAH NONPROFITS ASSOCIATION AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE BOARD'S DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.

PART VI, SECTION B, LINE 15B

THE FOUNDATION DOES NOT HAVE OTHER OFFICERS WHO ARE COMPENSATED AND HAS NO EMPLOYEES WHO MEET THE DEFINITION OF KEY EMPLOYEES. THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER STAFF, USING THE SAME INSTRUMENTS. SALARIES FOR STAFF OTHER THAN THE CEO ARE DECIDED BY THE CEO IN CONSULTATION WITH THE EMPLOYEE'S IMMEDIATE SUPERVISIOR WITHIN LIMITS SET BY THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE BASED ON METRICS FROM PERFORMANCE REVIEWS.

FORM 990, PART VI, SECTION C, LINE 19: WE HAVE A FULL SCOPE, EXTERNAL AUDIT EACH YEAR. OUR AUDITED FINANCIAL STATEMENTS FOR THE PAST TWO YEARS ARE POSTED, ALONG WITH OUR FORM 990, ON OUR WEBSITE. THE FOUNDATION'S BY-LAWS, ARTICLES, CONFLICT OF INTEREST POLICIES AND FORMS ARE ALSO AVAILABLE ON THE WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -92.