

Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning 09/01, 2009, and ending 08/31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MAKE-A-WISH FOUNDATION OF ILLINOIS, INC. Doing Business As	D Employer identification number 36-3422138
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 640 NORTH LASALLE DRIVE, SUITE 280	E Telephone number (312) 602-9474
	City or town, state or country, and ZIP + 4 CHICAGO, IL 60654	G Gross receipts \$ 9,608,418.
F Name and address of principal officer: STEPHANIE SPRINGS 640 NORTH LASALLE DRIVE CHICAGO, IL 60654		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.WISHES.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1985 M State of legal domicile: IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO GRANT THE WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 26
	5	Total number of employees (Part V, line 2a)	5 49
	6	Total number of volunteers (estimate if necessary)	6 1,461
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year: 8,688,980. Current Year: 8,673,980.
	9	Program service revenue (Part VIII, line 2g)	9,782. 7,500.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-134,176. -145,735.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	179,193. 348,228.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,743,779. 8,883,973.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,732,407. 5,222,611.
	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)	2,450,443. 2,451,726.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses, Part IX, column (D), line 25	1,235,219.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,224,033. 1,016,204.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,406,883. 8,690,541.	
19	Revenue less expenses. Subtract line 18 from line 12	-1,663,104. 193,432.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year: 7,779,285. End of Year: 8,576,485.
	21	Total liabilities (Part X, line 26)	4,438,073. 4,587,984.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,341,212. 3,988,501.

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.

Signature of officer: *[Signature]* Date: 1/18/2011

Type or print name and title: STEPHANIE SPRINGS Chief Executive Officer

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 1/13/2011 Check if self-employed: Preparer's identifying number (see instructions):

Firm's name (or yours if self-employed) address, and ZIP + 4: KPMG LLP 355 S. GRAND AVE., SUITE 2000 LOS ANGELES, CA 90071 EIN: 13-5565207 Phone no.: 213-972-4000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 4

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 \$ 6,871,867. including grants of \$ 5,222,611.) (Revenue \$ 7,500.)

ATTACHMENT 5

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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 **▶** 6,871,867.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <i>Note. All Form 990 filers are required to complete Schedule O.</i>	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	46		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	5		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	49		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____ See the instructions for exceptions and 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d	1		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b			

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	26	
1b	Enter the number of voting members that are independent	26	
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	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	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
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?		X
16b	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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ IL,
- 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.
 Own website Another's website 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: ▶ DARYL THOMANN 640 N LASALLE DRIVE, SUITE 280 CHICAGO, IL 60654
312-602-9474

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
PETER ANTHONY DIRECTOR-CHAIR	2.00	X		X			0.	0.	0.	
CARLOS CATA DIRECTOR	2.00	X					0.	0.	0.	
RICK STEARNS DIRECTOR-TREASURER	2.00	X		X			0.	0.	0.	
T.J. CHUNG DIRECTOR	2.00	X					0.	0.	0.	
JOHN DISHAROON DIRECTOR	2.00	X					0.	0.	0.	
JOE DOTOLI DIRECTOR	2.00	X					0.	0.	0.	
MONICA GADSBY DIRECTOR	2.00	X					0.	0.	0.	
KERRYANN HAASE DIRECTOR-VICE CHAIR	2.00	X		X			0.	0.	0.	
WAYNE JANUS DIRECTOR	2.00	X					0.	0.	0.	
DON JOHNSON DIRECTOR	2.00	X					0.	0.	0.	
PETER MAGRINI DIRECTOR	2.00	X					0.	0.	0.	
TOM MARCUCCI DIRECTOR	2.00	X					0.	0.	0.	
DORRI MCWHORTER DIRECTOR	2.00	X					0.	0.	0.	
JOHN NEUMAIER DIRECTOR	2.00	X					0.	0.	0.	
DOUG PATRICK DIR.-CORP DOCUMENTS OFFICER	2.00	X		X			0.	0.	0.	
LARRY PILON DIRECTOR	2.00	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	(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			
JEREMY RICKMAN DIRECTOR	2.00	X					0.	0.	0.	
CHRIS ROTHER DIRECTOR	2.00	X					0.	0.	0.	
JACKIE WOODWARD DIRECTOR	2.00	X					0.	0.	0.	
JEFF YOUNG DIRECTOR	2.00	X					0.	0.	0.	
LISA KONIECZKA DIRECTOR-VICE CHAIR	2.00	X		X			0.	0.	0.	
ANDY CALLAHAN DIRECTOR	2.00	X					0.	0.	0.	
ARMOND DINVERNO DIRECTOR	2.00	X					0.	0.	0.	
KEN GAINES DIRECTOR	2.00	X					0.	0.	0.	
VAN SAPP DIRECTOR	2.00	X					0.	0.	0.	
SAM SEBASTIAN DIRECTOR	2.00	X					0.	0.	0.	
STEPHANIE SPRINGS CHIEF EXECUTIVE OFFICER	45.00			X			196,787.	0.	21,572.	
DARYL THOMANN CHIEF OPERATING OFFICER	45.00			X			128,703.	0.	6,120.	
1b Total							325,490.	0.	27,692.	

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 **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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 **1**

Part VIII Statement of Revenue

36-3422138

				(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	1a Federated campaigns	1a	98,243.					
	b Membership dues	1b						
	c Fundraising events	1c	1,178,034.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,397,703.					
	g Noncash contributions included in lines 1a-1f: \$		1,827,498.					
	h Total. Add lines 1a-1f			8,673,980.				
Program Service Revenue	Business Code							
	2a WISH ASSIST FEES		900099	7,500.	7,500.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			7,500.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 7			100,475.			100,475.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0.			
	7a 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)			-246,210.		0.	-246,210.
	8a Gross income from fundraising events (not including \$ 1,178,034. of contributions reported on line 1c). See Part IV, line 18		ATCH 8					
		b Less: direct expenses						
		c Net income or (loss) from fundraising events		ATCH 9	321,256.		0.	321,256.
	9a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses								
c Net income or (loss) from gaming activities			ATCH 10	26,576.		0.	26,576.	
10a Gross sales of inventory, less returns and allowances								
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS REVENUE		900099	396.				396.	
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			396.					
12 Total Revenue. See instructions				8,883,973.	7,500.	0.	202,493.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,222,611.	5,222,611.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	224,721.	70,444.	83,931.	70,346.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.	0.		
7 Other salaries and wages	1,894,249.	845,556.	334,390.	714,303.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	11,500.	6,375.	1,734.	3,391.
9 Other employee benefits	139,524.	77,320.	11,473.	50,731.
10 Payroll taxes	181,732.	82,892.	30,915.	67,925.
11 Fees for services (non-employees):				
a Management	0.	0.		
b Legal	0.	0.		
c Accounting	11,916.	0.	11,916.	0.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	3,275.		3,275.	
g Other	114,254.	53,304.	6,158.	54,792.
12 Advertising and promotion	250.			250.
13 Office expenses	164,679.	78,888.	6,740.	79,051.
14 Information technology	22,511.	11,809.	3,134.	7,568.
15 Royalties	0.	0.		
16 Occupancy	143,771.	78,691.	18,343.	46,737.
17 Travel	24,085.	10,300.	393.	13,392.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	20,151.	10,680.	788.	8,683.
20 Interest	8,317.		8,317.	
21 Payments to affiliates	258,100.	196,157.	23,228.	38,715.
22 Depreciation, depletion, and amortization	56,511.	16,982.	29,644.	9,885.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BAD DEBT EXPENSE</u>	18,262.			18,262.
b <u>PROMOTIONAL GIFT ITEMS</u>	118,989.	108,098.	3,217.	7,674.
c <u>BANK FEES</u>	48,274.	230.	5,596.	42,448.
d <u>MISCELLANEOUS EXPENSE</u>	2,859.	1,530.	263.	1,066.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,690,541.	6,871,867.	583,455.	1,235,219.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	18,032.	9,016.	0.	9,016.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,239,905.	1	1,780,001.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	1,192,385.	3	1,842,029.
	4 Accounts receivable, net	26,227.	4	3,250.
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	44,065.	8	51,185.
	9 Prepaid expenses and deferred charges	50,953.	9	57,278.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 291,073.		
	b Less: accumulated depreciation	10b 219,245.		
	11 Investments - publicly traded securities	95,398.	10c	71,828.
	12 Investments - other securities. See Part IV, line 11	3,864,928.	11	4,577,359.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	265,424.	14	193,555.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,779,285.	15	8,576,485.	
		16		
Liabilities	17 Accounts payable and accrued expenses	346,082.	17	555,845.
	18 Grants payable		18	
	19 Deferred revenue	15,472.	19	22,230.
	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	4,076,519.	25	4,009,909.
	26 Total liabilities. Add lines 17 through 25	4,438,073.	26	4,587,984.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-489,835.	27	-587,254.
	28 Temporarily restricted net assets	1,009,128.	28	1,751,096.
	29 Permanently restricted net assets	2,821,919.	29	2,824,659.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	3,341,212.	33	3,988,501.	
34 Total liabilities and net assets/fund balances	7,779,285.	34	8,576,485.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash 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?

b Were the organization's financial statements audited by an independent accountant?

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.

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 consolidated basis, separate basis, or both:
 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,151,144.	7,646,749.	8,615,879.	8,688,980.	8,673,980.	39,776,732.
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	6,151,144.	7,646,749.	8,615,879.	8,688,980.	8,673,980.	39,776,732.
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).						147,531.
6 Public support. Subtract line 5 from line 4.						39,629,201.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,151,144.	7,646,749.	8,615,879.	8,688,980.	8,673,980.	39,776,732.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,012.	118,902.	190,511.	104,121.	100,475.	578,021.
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.) . ATCH. 1	1,250,806.	1,180,102.	844,046.	480,632.	733,465.	4,489,051.
11 Total support. Add lines 7 through 10						44,843,804.

12 Gross receipts from related activities, etc. (see instructions) **12** 44,154.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	88.37 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.25 %

16a **33 1/3 % support test - 2009.** 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 - 2008.** 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 - 2009.** 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 - 2008.** 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19 a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENTS & RAFFLES	1,250,806.	1,180,102.	842,663.	480,632.	733,069.	4,489,272.
EXCISE TAX REFUND			1,383.			1,383.
MISCELLANEOUS REVENUE					396.	396.
TOTALS	<u>1,250,806.</u>	<u>1,180,102.</u>	<u>844,046.</u>	<u>480,632.</u>	<u>733,465.</u>	<u>4,489,051.</u>

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.	Employer identification number 36-3422138
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.	Employer identification number 36-3422138
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,620,372.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>379,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/> <hr/>	\$ <u>267,717.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/> <hr/>	\$ <u>1,287,602.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.**

Employer identification number
36-3422138

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	THEME PARK TICKETS, MISCELLANEOUS GIFTS, MEALS AND ENTERTAINMENT	\$ 1,287,602.	VAR

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: MAKE-A-WISH FOUNDATION OF ILLINOIS, INC. Employer identification number: 36-3422138

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116, 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. 1b If the organization elected, as permitted under SFAS 116, 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 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 XI V 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 XI V.

Part V Endowment Funds. Complete if 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	4,284,928.	4,293,138.			
b Contributions	77,250.	439,196.			
c Net investment earnings, gains, and losses	308,077.	-350,833.			
d Grants or scholarships	0.	0.			
e Other expenditures for facilities and programs	90,000.	96,000.			
f Administrative expenses	2,896.	573.			
g End of year balance	4,577,359.	4,284,928.			

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

- a Board designated or quasi-endowment 41.0000 %
- b Permanent endowment 59.0000 %
- c Term endowment 0.0000 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI Investments - 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				
b Buildings				
c Leasehold improvements		10,365.	10,365.	0.
d Equipment		249,783.	188,684.	61,099.
e Other		30,925.	20,196.	10,729.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				71,828.

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	8,883,973.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,690,541.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	193,432.
4	Net unrealized gains (losses) on investments	4	453,857.
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	453,857.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	647,289.

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	10,620,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	453,857.
b	Donated services and use of facilities	2b	1,285,229.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,739,086.
3	Subtract line 2e from line 1	3	8,881,077.
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	2,896.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	2,896.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,883,973.

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

1	Total expenses and losses per audited financial statements	1	9,972,874.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,285,229.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,285,229.
3	Subtract line 2e from line 1	3	8,687,645.
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	2,896.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	2,896.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,690,541.

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48

FORM 990, SCHEDULE D, PART X, LINE 2

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 AND PENALTIES, DISCLOSURE, AND TRANSITION. THE FOUNDATION HAS ADOPTED THE DEFERRAL AND DISCLOSURE PROVISIONS OF ASC 740 FOR ITS AUGUST 31, 2009 FINANCIAL STATEMENTS AND HAS ADOPTED THE PROVISIONS OF ASC 740 FOR THE YEAR ENDED AUGUST 31, 2010. MANAGEMENT ASSERTS THAT NO SUCH UNCERTAIN TAX POSITION EXISTS FOR THE FOUNDATION AT AUGUST 31, 2010.

ENDOWMENT FUND USE

FORM 990, SCHEDULE D, PART V, LINE 4

PERMANENTLY RESTRICTED ENDOWMENT FUND INCOME IS EXPENDABLE TO SUPPORT WISH GRANTING. FOR THE BOARD-DESIGNATED ENDOWMENT FUNDS, THE FOUNDATION'S BOARD OF DIRECTORS MAY, AT ANY TIME, APPROVE USE OF THE FUNDS FOR PURPOSES DEEMED APPROPRIATE AND RESPONSIBLE IN CARRYING OUT THE MISSION. ALTHOUGH THE FOUNDATION STRIVES TO MAINTAIN IN ITS CASH OPERATING ACCOUNT AND THE BOARD-DESIGNATED FUND SIX MONTHS' AVERAGE CASH EXPENSE AS A RESERVE, THIS DOES NOT PRECLUDE APPROPRIATING FOR DISTRIBUTION EACH YEAR AMOUNTS FROM THE BOARD-DESIGNATED FUND THAT MAY BE NEEDED FOR STRATEGIC INITIATIVES AND ANNUAL OPERATIONS.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		WISH BALL (event type)	GOLF OUTING (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,115,216.	219,245.	527,447.	1,861,908.
	2	Less: Charitable contributions	518,474.	138,033.	521,527.	1,178,034.
	3	Gross income (line 1 minus line 2)	596,742.	81,212.	5,920.	683,874.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	13,200.	33,463.	1,992.	48,655.
	7	Food and beverages	99,716.		247.	99,963.
	8	Entertainment	140,575.		300.	140,875.
	9	Other direct expenses	63,464.	6,279.	3,382.	73,125.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					321,256.

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))	
		1	Gross revenue			49,195.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			22,619.	22,619.
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	X Yes 50.0000 % No _____ %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					(22,619.)
8	Net gaming income summary. Combine line 1, column d, and line 7					26,576.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>IL,</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," explain:		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	X

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	0.0000%
b	An outside facility	13b	100.0000%

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

Name ▶ DARYL THOMANN

Address ▶ 640 N. LASALLE DRIVE, SUITE 280 CHICAGO, IL 60654

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a	Yes	No
		X

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?

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 ▶ \$ _____

17a	Yes	No
		X

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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	755	943,777.	4,249,117.	FMV	TRAVEL, M&E, SUPPLIES
WISHES PENDING	555	0.	29,717.	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.

PROCEDURES FOR MONITORING GRANT FUNDS IN THE UNITED STATES

FORM 990, SCHEDULE I, PART 1, LINE 2

THE ORGANIZATION 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 GENERALLY ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES. HOWEVER, CASH ASSISTANCE IN THE FORM OF PREPAID CARDS IS PROVIDED TO WISH CHILDREN AND THEIR FAMILIES TO COVER CERTAIN EXPENSES FOR SOME WISH TYPES, PRIMARILY TRAVEL STIPENDS FOR TRAVEL WISHES (E.G. MEALS, TIPS, GAS, ETC.). THE PURPOSE AND AMOUNT OF ASSISTANCE IS COMMUNICATED TO THE WISH FAMILY PRIOR

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

PENDING WISHES

FORM 990, SCHEDULE I, PART III

THE FOUNDATION ACCRUES FOR THE ESTIMATED COSTS OF REPORTABLE WISHES

PENDING AS UNCONDITIONAL PROMISES TO GIVE WHEN CERTAIN MEASURABLE

CRITERIA ARE MET. THE TOTAL ESTIMATED COSTS ARE REPORTED AS A LIABILITY

AND ARE INCLUDED IN OTHER LIABILITIES IN PART X OF FORM 990. THE

ASSISTANCE TO INDIVIDUALS FOR WISHES PENDING IN THIS SCHEDULE REPRESENTS

PENDING WISH EXPENSE, WHICH IS THE DIFFERENCE IN TOTAL ESTIMATED COSTS

BETWEEN THE CURRENT AND PRIOR YEAR-END. ASSISTANCE TO INDIVIDUALS FOR

WISHES PENDING FOR THE YEAR ENDED AUGUST 31, 2010 INCLUDES A ONE-TIME

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

FAVORABLE ADJUSTMENT OF \$705,741 DUE TO A CHANGE IN ACCOUNTING METHODOLOGY. THE CHANGE REDUCED THE LIABILITY FOR ACCRUED PENDING WISH COSTS BY AN ATTRITION RATE. PENDING WISH ATTRITION IS THE NUMBER OF WISHES NOT EXPECTED TO BE GRANTED WITHIN TWELVE MONTHS OF FISCAL YEAR-END FOR REASONS BEYOND THE FOUNDATION'S CONTROL (E.G. FAMILY POSTPONEMENT), BASED ON AN ANALYSIS OF HISTORICAL DATA.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.

Employer identification number

36-3422138

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**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

2009

**Open To Public
Inspection**

Name of the organization

MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.

Employer identification number

36-3422138

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X		15,995.	AVG MARKET PRICE
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 ▶ (ATCH 2)		1,116.	1,811,503.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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 1

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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?		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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

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.

SCHEDULE M PART I COLUMN (B)

NUMBER OF CONTRIBUTIONS

THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF CONTRIBUTORS, AS

LISTED BY DATE OF CONTRIBUTION.

Dashed lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.

Employer identification number

36-3422138

ATTACHMENT 3

FORM 990, PART I, SUMMARY LINE 5 AND PART V LINE 2A

EMPLOYEES

ALTHOUGH THE NUMBER OF EMPLOYEES REPORTED ON THE 2009 FORM W-3,
TRANSMITTAL OF WAGE AND TAX STATEMENTS, WAS 49, THIS NUMBER DOES NOT
REPRESENT THE ACTUAL NUMBER OF EMPLOYEES AT THE ORGANIZATION, SINCE IT
INCLUDES PEOPLE WHO ARE NO LONGER EMPLOYED. THERE WERE 39 EMPLOYEES AS OF
08/31/2010, OUR FISCAL YEAR END.

FORM 990, PART VI, SECTION B, LINE 11

FORM 990 REVIEW PROCESS

THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE
FINANCE COMMITTEE. THE ORGANIZATION'S CHIEF OPERATING OFFICER AND
ACCOUNTING MANAGER WORKED CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM IT
ENGAGED, KPMG LLP, TO PREPARE THE RETURN. THE FINAL FORM OF FORM 990 WAS
REVIEWED BY THE CEO AND FINANCE COMMITTEE AND DISCUSSED WITH FINANCE
STAFF AND KPMG. THE FINANCE COMMITTEE VOTED TO APPROVE THE FORM FOR
FILING. SUBSEQUENT TO ITS REVIEW, THE FINANCE COMMITTEE REPORTED BACK TO
THE BOARD REGARDING ITS OVERSIGHT OF THE FORM 990 AND THE FINAL FORM WAS
PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12

CONFLICT OF INTEREST POLICY: MONITORING AND ENFORCEMENT

THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,

Name of the organization MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.	Employer identification number 36-3422138
ATTACHMENT 3 (CONT'D)	

EMPLOYEE, BOARD MEMBER, AND VOLUNTEER WHO HAS DIRECT CONTACT WITH CHILDREN, ACCESS TO CONFIDENTIAL INFORMATION, OR ACCESS TO CHAPTER FUNDS.

SUCH STATEMENTS MUST BE SIGNED UPON DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE SUBMITTED TO AND REVIEWED BY THE VOLUNTEER COORDINATOR. REVIEW OF THE STATEMENTS IS MONITORED BY THE CHIEF OPERATING OFFICER. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE CHIEF OPERATING OFFICER BECOMES AWARE INCLUDES, BUT ARE NOT LIMITED TO, THE FOLLOWING: (1) DETERMINING THE NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON; (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD AND CHIEF EXECUTIVE OFFICER; AND (3) 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

TOP MANAGEMENT OFFICIAL COMPENSATION

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS ACCOUNTABLE FOR APPROVING THE CEO'S COMPENSATION PACKAGE. IT IS COMPRISED SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHOM HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE CEO'S COMPENSATION PACKAGE. CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE EXECUTIVE COMMITTEE APPROVES THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR THE CEO. THE COMPENSATION COMMITTEE IS APPOINTED BY THE EXECUTIVE COMMITTEE AND IS TASKED WITH MAKING A RECOMMENDATION TO THE EXECUTIVE COMMITTEE ON THE TOTAL COMPENSATION PACKAGE FOR THE CEO, INCLUDING MERIT INCREASES AND BONUS PAYOUTS BASED UPON THE PERFORMANCE IN THE GIVEN FISCAL YEAR. IN

Name of the organization MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.	Employer identification number 36-3422138
--	--

ATTACHMENT 3 (CONT'D)

2008, THE FOUNDATION CONSULTED A QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS PROFESSIONAL TO REVIEW AND ANALYZE THE CEO'S TOTAL COMPENSATION PACKAGE. APPROPRIATE COMPARABILITY DATA WAS OBTAINED FROM THE INDEPENDENT PROFESSIONAL (I.E. TOTAL COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS (BOTH TAXABLE AND TAX-EXEMPT) FOR SIMILAR JOB "RESPONSIBILITIES.") THIS DATA WAS UPDATED IN 2009. THE EXECUTIVE COMMITTEE'S WRITTEN RECORDS RELATED TO COMPENSATION INCLUDE: 1) THE TERMS OF THE COMPENSATION ARRANGEMENTS; 2) A DESCRIPTION OF THE COMPARABLE DATA RELIED UPON BY THE EXECUTIVE COMMITTEE; AND 3) DOCUMENTATION OF THE COMPENSATION DECISIONS MADE BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

ATTACHMENT 4FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FOUNDATION'S MISSION IS TO GRANT THE WISHES OF CHILDREN WITH LIFE-THREATENING MEDICAL CONDITIONS TO ENRICH THE HUMAN EXPERIENCE WITH HOPE, STRENGTH, AND JOY. OUR VISION IS THAT BY EVERYONE IN OUR COMMUNITY SHARING THE POWER OF A WISH, EVERY ELIGIBLE CHILD WILL EXPERIENCE A LIFE-CHANGING DREAM COME TRUE.

Name of the organization MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.	Employer identification number 36-3422138
--	--

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 54A PROGRAM SERVICE

IN THE PAST YEAR, THE ORGANIZATION FULFILLED THE WISHES OF 755 CHILDREN IN ILLINOIS, 8% MORE THAN THE PRIOR YEAR, AND HAS GRANTED OVER 9,400 WISHES SINCE ITS INCEPTION IN 1985. A STRONG MEDICAL OUTREACH AND COMMUNITY PRESENCE PROGRAM, AS WELL AS STAFF THAT WORK DIRECTLY IN THE COMMUNITY HELPS THE FOUNDATION MAINTAIN STRONG TIES WITH INDIVIDUALS, COMMUNITY GROUPS, HOSPITALS, AND CORPORATIONS THROUGHOUT OUR TERRITORY. PER THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, THE TOTAL DIRECT COST OF WISHES FOR THE FISCAL YEAR WAS \$6,440,929. OF THIS AMOUNT, \$1,218,318 WAS COMPRISED OF DONATED SERVICES AND USE OF FACILITIES, SUCH AS AIRFARE, LODGING, AND TRAVEL AND PROFESSIONAL SERVICES. FOR FINANCIAL STATEMENT PURPOSES, THESE AMOUNTS ARE REPORTED AS IN-KIND CONTRIBUTION REVENUE AND DIRECT COSTS OF WISHES. FOR FORM 990, HOWEVER, THESE IN-KIND CONTRIBUTIONS ARE NOT REPORTABLE AND ARE THEREFORE EXCLUDED FROM REVENUE AND EXPENSE.

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JAM ENTERTAINMENT AND CREATIVE SERVICES 205 W. GOETHE ST CHICAGO, IL 60610	ENTERTAINMENT	135,000.
TOTAL COMPENSATION		<u>135,000.</u>

Name of the organization MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.	Employer identification number 36-3422138
--	--

ATTACHMENT 7

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
DIVIDENDS & INTEREST	100,475.			100,475.
TOTALS	<u>100,475.</u>			<u>100,475.</u>

ATTACHMENT 8

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
WISH BALL	518,474.
GOLF OUTING	138,033.
OTHER	521,527.
TOTAL	<u>1,178,034.</u>

ATTACHMENT 9

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
WISH BALL	596,742.	316,955.	279,787.
GOLF OUTING	81,212.	39,742.	41,470.
OTHER	5,920.	5,921.	-1.
TOTALS	<u>683,874.</u>	<u>362,618.</u>	<u>321,256.</u>

ATTACHMENT 10

Name of the organization

MAKE-A-WISH FOUNDATION OF ILLINOIS, INC.

Employer identification number

36-3422138

ATTACHMENT 10 (CONT'D)

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
OTHER GAMING	49,195.	22,619.	26,576.
TOTALS	<u>49,195.</u>	<u>22,619.</u>	<u>26,576.</u>



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JULY 28, 2003

5413-123-2

CORP-LINK SERVICES, INC.
118 W EDWARDS ST STE 200
SPRINGFIELD, IL 62704

RE MAKE-A-WISH FOUNDATION OF ILLINOIS

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THE ENCLOSED DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

Jesse White

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

JW:CD

Form **NFP-110.30****ARTICLES OF AMENDMENT
GENERAL NOT FOR PROFIT
CORPORATION ACT**File # **5413-123-2**

(Rev. Jan. 2003)

Submit in Duplicate

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62758
www.cyberdriveillinois.com
Telephone: (217) 782-6961

This space for use by Secretary of State

FILED**JUL 28 2003****JESSE WHITE
SECRETARY OF STATE**Date **7-28-03**

Filing Fee \$ 25.00

Approved: *Jt*

Remit payment by check or money
order payable to "Secretary of
State".

1. Corporate name (Note 1): Make-A-Wish Foundation of Northern Illinois
2. Manner of adoption of amendment:
The following amendment of Articles of Incorporation was adopted on June 24, 2003 in the manner indicated below (Check one only):
(Month, Day & Year)

- By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (Note 2)
- By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45 (Note 3)
- By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation or the bylaws, in accordance with Section 110.20. (Note 4)
- By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation, or the bylaws, in compliance with Sections 107.12 and 110.20 (Note 5)

3. Text of amendment
(a.) When an amendment effects a name change, insert the new corporate name below. Use 3 (b) below for all other amendments. "Article 1: The name of the corporation is"

Make-A-Wish Foundation of Illinois

(New Name)

- (b) All amendments other than name change.
(If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety.) If there is not sufficient space to add the full text of the amendment, add one or more sheets of this size

(COMPLETE ITEM 4 OR, IF APPLICABLE, ITEM 5.) ALL SIGNATURES MUST BE IN BLACK INK.

4. The undersigned corporation has caused these articles to be signed by duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**)

Dated July 25 2003 Make-A-Wish Foundation of Northern Illinois
(Month, Day & Year) (Exact Name of Corporation)

Timothy J. Theriault
(Any Authorized Officer's Signature)

TIMOTHY J. THERIAULT - TREASURER
(Print Name and Title)

5. If there are no duly authorized officers, then the persons designated under pSection 101 10(b)(2) must sign below and print name and title. The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

Dated _____ (Month, Day & Year)

Signature	Print Name and Title
_____	_____
_____	_____
_____	_____
_____	_____

NOTES

Note 1: State the true and exact corporate name as it appears on the records of the Secretary of State, BEFORE any amendment herein reported.

Note 2: Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15

Note 3: Director approval may be (1) by vote at a director's meeting (either annual or special) or (2) by consent, in writing, without a meeting.

Note 4: All amendments not adopted under Sec. 110.15 require (1) that the board of directors adopt a resolution setting forth the proposed amendment and (2) that the members approve the amendment.

Member approval may be (1) by vote at a members meeting (either annual or special) or (2) by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least 2/3 of the outstanding members entitled to vote on the amendment, (but if class voting applies, then also at least a 2/3 vote within each class is required).

The articles of incorporation may supersede the 2/3 vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote and not less than a majority within each when class voting applies. (Sec. 110.20)

Note 5: When a member approval is by written consent, all members must be given notice of the proposed amendment at least 5 days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)