

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning 09/01, 2000, and ending 8/31/2001

B Check if

☐ Change of address☐ Change of name☐ Initial return☐ Final return☒ Amended return

C Name of organization

MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE

Number and street (or P.O. box if mail is not delivered to street address)

66 HANOVER STREET

Room/suite

101

City or town

MANCHESTER

State or Country

NH

ZIP code

03301-2230

D Employer identification number

02-0405369

E Telephone number

(603) 623-9474

F Check ☐ if application is pending

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If Yes, enter number of affiliates ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No

(If No, attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit group exemption number (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☒G Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 527 or ☐ 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 367,047

b Indirect public support

1b 663,660

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 855,407 noncash \$ 175,300)

1d 1,030,707

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 10,335

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 0

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

8a

b Less cost or other basis and sales expenses

8b 109,320

c Gain or (loss) (attach schedule)

8c 0

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d 5,457

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ 663,660 of contributions reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c 0

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c 0

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 1,046,499

Ex-
pen-
ses

13 Program services (from line 44, column (B))

13 431,558

14 Management and general (from line 44, column (C))

14 98,628

15 Fundraising (from line 44, column (D))

15 136,607

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 666,793

Net
Assets

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 379,706

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 697,259

20 Other changes in net assets or fund balances (attach explanation)

20 -82,032

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 994,933

SCANNED JUN 18 2003

RECEIVED
MAY 18 2003
OGDEN, UT

1P

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22 0			
23 Specific assistance to individuals (attach schedule)	23 0			
24 Benefits paid to or for members (attach schedule)	24 0			
25 Compensation of officers, directors, etc	25 0			
26 Other salaries and wages	26 149,798	124,775	12,953	12,070
27 Pension plan contributions	27 0			
28 Other employee benefits	28 0			
29 Payroll taxes	29 0			
30 Professional fundraising fees	30 0			
31 Accounting fees	31 0			
32 Legal fees	32 0			
33 Supplies	33 8,329	3,927	3,185	1,217
34 Telephone	34 5,944	5,131	257	556
35 Postage and shipping	35 23,226	16,082	1,233	5,911
36 Occupancy	36 16,581	14,235	1,145	1,201
37 Equipment rental and maintenance	37 0			
38 Printing and publications	38 0			
39 Travel	39 0			
40 Conferences, conventions, and meetings	40 17,531		16,849	682
41 Interest	41 0			
42 Depreciation, depletion, etc (attach schedule)	42 1,697	1,697		
43 Other expenses (itemize) a INSURANCE	43a 1,805	1,654	76	75
b DIRECT COST OF WISHES	43b 225,986	225,892		94
c FUNDRAISING	43c 88,019	0	0	88,019
d NATIONAL ASSESSMENT	43d 3,975	3,636	339	
e MISCELLANEOUS	43e 45,418	34,529	4,133	6,756
f ADVERTISING AND PROMOTION	43f 78,484		58,458	20,026
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 666,793	431,558	98,628	136,607

Reporting of Joint Costs

Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

☐ Yes☒ No

If "Yes," enter (i) the aggregate amount of these joint costs

\$ _____, (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general

\$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?

DIRECT COST OF WISHES

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a GRANT WISHES TO CHILDREN WITH LIFE THREATENING OR TERMINAL ILLNES	431,558
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	431,558

Part IV Balance Sheets

(See Specific Instructions on page 23.)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
Assets				
45	Cash - non-interest-bearing	260,725	45	365,225
46	Savings and temporary cash investments		46	
47a	Accounts receivable	24,805		
b	Less allowance for doubtful accounts		47c	24,805
47b		35,088		
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	0
48b				
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	0
51b				
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule) ☐ Cost ☒ FMV	483,473	54	659,251
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	0
55b				
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis	22,363		
b	Less accumulated depreciation (attach schedule)	7,479	57c	14,884
57b		15,573		
58	Other assets (describe)	1,000	58	1,000
59	Total assets (add lines 45 through 58) (must equal line 74)	795,859	59	1,065,165
Liabilities				
60	Accounts payable and accrued expenses	98,600	60	70,232
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)	0	65	0
66	Total liabilities (add lines 60 through 65)	98,600	66	70,232
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	685,459	67	945,767
68	Temporarily restricted	11,800	68	49,166
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, bldg, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	697,259	73	994,933
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	795,859	74	1,065,165

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expense and losses per audited financial statements	a	666,793
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify)		

	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	666,793
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		

	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	666,793

(List each one even if not

[illegible]☒ No

Part VI Other Information

(See Specific Instructions on pages 26)

	N/A	Yes or No
76 Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	NO
77 Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	NO
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	NO
b If "Yes," enter the name of the organization _____ and check whether it is ☐ exempt OR ☐ nonexempt		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0
b Did the organization file Form 1120-POL for this year?	81b	N/A
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	NO
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs - Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	NO
89a 501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 _____ 0, section 4912 _____ 0, section 4955 _____ 0		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89	NO
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		0
d Enter Amount of tax in 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed _____		
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	4
91 The books are in care of <u>RENEE LABONTE-RICARD</u> Telephone no <u>(603) 623-9474</u> Located at <u>66 HANOVER STREET, SUITE 101, MANCHESTER, NEW HAMPSHIRE</u> ZIP code <u>03101-2330</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on pages 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	10,335	
97 Net rental income (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	5,457	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))		0		15,792	0
105 TOTAL (add line 104, columns (B), (D) and (E))					15,792

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
101	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 31)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge

other than officer) is based on all information of which preparer has any knowledge

5/2/03

Gary G. Boisvert

Treasurer

Date

Type or print name

Title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2000

Supplementary Information - (See separate instructions)

Department of the Treasury

Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE

Employer identification number

02-0405369

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services	
--	--

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000		(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for professional services			

Part III Statements About Activities

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

1 X

If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities

Organizations that made an election under section 501(h) by filing Form 5768 must complete

Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

If the answer to any question is "Yes," attach a detailed statement explaining the transactions

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.?

3 X

- 4a** Do you have a section 403(b) annuity plan for your employees?

4a X

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 of the instructions)

The organization is not a private foundation because it is (please check only ONE applicable box)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule below)

- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)

- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)

(b) Line number
from above

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting

NOTE You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	187,690	156,853	130,313	127,833	602,689
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	506,287	378,891	350,934	242,227	1,478,339
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,811	16,063	6,357	2,721	41,952
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	710,788	551,807	487,604	372,781	2,122,980
24 Line 23 minus line 17	204,501	172,916	136,670	130,554	644,641
25 Enter 1% of line 23	7,108	5,518	4,876	3,728	
26 Organizations described in lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 12,893
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 644,641
d Add: Amounts from column (e) for lines 18 <u>41,952</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u>					26d 41,952
e Public support (line 26c minus line 26d total)					26e 602,689
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.49%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.				
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year.					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27c 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					27d 0
e Public support (line 27c minus line 27d total)					27e 0
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Part V Private School Questionnaire

(See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here **a** ☐ If the organization belongs to an affiliated group
- Check here **b** ☐ If you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Limits on Lobbying Expenditures		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0 0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 0
41	Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0 0
Caution If there is an amount on either line 43 or line 44, file Form 4720			

Caution If there is an amount on either line 43 or line 44, file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 9 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators their staffs, government officials or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

(See page 9 of the instructions)

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

FORM 990, PAGE 1, PART I NET ASSETS, LINE 20 OTHER CHANGES		Total:	-82,032
1	UNREALIZED LOSS ON INVESTMENTS	1	-82,032
2		2	
3		3	
4		4	
5		5	

Line 58 (Form 990) - Other Assets

		Beginning		End
1 DEPOSITS	1	1,000		1,000
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11 Total other assets		1,000		1,000

FORM 990, PAGE 3, PART IV BALANCE SHEETS, LINE 54 INVESTMENT AT BOY		Total.	483,473
1	CERTIFICATES OF DEPOSITS	1	189,972
2	MUTUAL FUNDS	2	278,526
3	COMMON STOCK	3	14,975
4		4	
5		5	

FORM 990, PAGE 3, PART IV BALANCE SHEETS, LINE 54 INVESTMENTS EOY

Total: 659,251

1	CERTIFICATES OF DEPOSIT	1	134,000
2	MUTUAL FUNDS	2	525,251
3		3	
4		4	
5		5	

Asset Depreciation Short Report - Sorted by - ASSET A/C#

Company MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE

Year End 08/31/01

Page 1

Date 04/18/03

Method 1 - FEDERAL Std Conv Applied

File H \AKDATA\AK DATA NETWORKED\MAKE-A-WISH

Time 13 53 40

Range 100 - COMPUTER EQUIPMENT - 300 - EQUIPMENT

Include All assets

Date Acq	Description	Meth/Life	Cost	Sec 179	Depr Basis	Includes Section 179		
						Beq A/Depr	Curr Depr	End A/Depr
ASSET A/C# 100 - COMPUTER EQUIPMENT								
12/15/95	COMPUTER	MSL/10 00	2 803 00	0 00	2 803 00	1 382 11	280 30	1 882 41
09/15/96	COMPUTER	MSL/10 00	2 174 00	0 00	2,174 00	978 30	217 40	1 195 70
11/15/97	PRINTER	MSL/10 00	249 99	0 00	249 99	62 50	25 00	87 50
12/15/97	COMPUTER	MSL/10 00	1,322 97	0 00	1 322 97	330 75	132 30	463 05
09/15/98	COMPUTER	MSL/ 5 00	3 094 37	0 00	3 094 37	928 31	487 96	1 416 27
01/15/00	COMPUTER	MSL/ 5 00	574 00	0 00	574 00	57 40	114 80	172 20
10/15/00 A	COMPUTER EQUIPMENT	MSL/ 5 00	758 47	0 00	758 47	0 00	75 85	75 85
Grand totals 100 - COMPUTER EQUIPMENT (7 assets)			10,976 80	0 00	10,976 80	3 739 37	1 333 61	5 072 98
ASSET A/C# 200 - FURNITURE								
08/15/96	FURNITURE	MSL/10 00	301 40	0 00	301 40	135 63	30 14	165 77
08/15/96	DESK (IN KIND)	MSL/10 00	600 00	0 00	600 00	270 00	60 00	330 00
09/15/96	TV VCR COMBO	MSL/10 00	289 99	0 00	289 99	101 50	29 00	130 50
07/15/98	FAX	MSL/10 00	900 00	0 00	900 00	225 00	90 00	315 00
12/15/99	COPIER (IN KIND)	MSL/ 5 00	1,500 00	0 00	1 500 00	150 00	30 00	180 00
Grand totals 200 - FURNITURE (5 assets)			3 591 39	0 00	3 591 39	882 13	239 14	1 121 27
ASSET A/C# 300 - EQUIPMENT								
08/15/96	TRAILER (IN KIND)	MSL/10 00	2 000 00	0 00	2 000 00	900 00	25 00	925 00
08/31/00	EQUIPMENT	MSL/10 00	4 020 00	0 00	4 020 00	201 00	50 00	251 00
08/31/00	EQUIPMENT	MSL/10 00	1 190 00	0 00	1 190 00	59 50	20 00	79 50
09/01/00 A	EQUIPMENT	MSL/10 00	585 00	0 00	585 00	0 00	29 25	29 25
Grand totals 300 - EQUIPMENT (4 assets)			7 795 00	0 00	7 795 00	1 160 50	124 25	1 284 75
Grand totals for all accounts (16 assets)			22 363 19	0 00	22 363 19	5 782 00	1,697 00	7,479 00

Codes that may appear next to the date acquired include A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets

	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum Depr	Current Depreciation	Ending Accum Depr	Net Book Value
Grand Totals for all assets	22,363 19	0 00	22 363 19	5 782 00	1 697 00	7 479 00	14,884 19
Less Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	22 363 19	0 00	22 363 19	5 782 00	1,697 00	7 479 00	14 884 19

MAKE- A-WISH FOUNDATION OF NEW HAMPSHIRE
FORM 990, FYE AUGUST 31, 2001, PAGE 4, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Name and address	Title and average hours per week	Compensation	Contributions to employee benefit plans & deferred compensation	Expense account and other allowances
Phil St Cyr 554 Oak Street Manchester, NH 03104	President / Chairman of the Board 6	0	0	0
Gary Potavin 48 Juniper Street Goffstown, NH 03045	1st Vice-President 3	0	0	0
Mike Domingue 88 Violet Street Manchester, NH 03102	2nd Vice-President 2	0	0	0
Lisa Larrabee 10 Meadowbrook Ln Litchfield, NH 03052	Secretary 3	0	0	0
Renee Labonte-Ricard PO Box 21 Tilton, NH 03276	Treasurer 3	0	0	0
Betsy Kimball 88 Main Street Atkinson, NH 03811	Board Member 2	0	0	0
Diane Cheney 67 Warren Ave Manchester, NH 03102	Board Member 2	0	0	0
Roland Lemire 72 Hanover St Manchester, NH 03101	Board Member 2	0	0	0
Michael Lucci 2 Clock Tower Place Nashua, NH 03060	Board Member 2	0	0	0
Anthony Tine 234 South Rd Belmont, NH 03220	Board Member 2	0	0	0
John Gunthier 490 Valley Street, Ste #1 Manchester, NH 03101	Board Member 2	0	0	0
Barbara Breed 485 Pembroke Street Pembroke, NH 03275	Executive Director 60	61,000	2,877	0