

Form **990**

OMB No 1545-0047

**2000**

Open to Public Inspection

### Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

**A** For the **2000** calendar year, or tax year period beginning **9/01/00**, and ending **8/31/01**

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type See Specific Instructions.	<b>C</b> Name of organization <b>Make-A-Wish Foundation of Southern Nevada, Inc.</b>	<b>D</b> Employer ID number <b>88-0371088</b>	
		Number and street (or P O box if mail is not delivered to street address) <b>3885 South Decatur Blvd</b>	Room/suite <b>1000</b>	<b>E</b> Telephone number <b>702-367-1440</b>
		City or town state or country and ZIP code <b>Las Vegas NV 89103</b>		<b>F</b> Check <input type="checkbox"/> if application pending

**G** Org type (check only one)  501(c)(3) (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 990EZ)

**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.

Note H and I are not applicable to section 527 orgs

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

**H(b)** If "Yes" enter number of affiliates

**H(c)** Are all affiliates included?  Yes  No (If "No" attach a list. See instr.)

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

**I** Enter 4-digit group exemption no. (GEN)

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

SCANNED MAY 21 2002

#### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

<b>1</b>	Contributions gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>	<b>433,873</b>	
<b>b</b>	Indirect public support	<b>1b</b>	<b>97,437</b>	
<b>c</b>	Government contributions (grants)	<b>1c</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>372,295</b> noncash \$ <b>159,015</b> )	<b>1d</b>		<b>531,310</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>9,776</b>
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rents	<b>6a</b>		
<b>b</b>	Less rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe <b>INTEREST REVENUE SERVICE FRESNO, CA</b> )	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss) (combine line 8c columns (A) and (B))	<b>8c</b>		
<b>8d</b>				
<b>9</b>	Special events and activities (attach schedule)			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<b>165,105</b>	
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<b>165,105</b>
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII line 103)	<b>11</b>		<b>1,429</b>
<b>12</b>	Total revenue (add lines 1d 2 3 4 5 6c, 7, 8d 9c 10c and 11)	<b>12</b>		<b>707,620</b>
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>533,741</b>
<b>14</b>	Management and general (from line 44 column (C))	<b>14</b>		<b>68,647</b>
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>48,015</b>
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses (add lines 16 and 44 column (A))	<b>17</b>		<b>650,403</b>
<b>A</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>57,217</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>651,439</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>See Stmt 1</b>	<b>20</b>		<b>-136,229</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18 19 and 20)	<b>21</b>		<b>572,427</b>

**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 \$ _____ non-cash \$ _____ )	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions and meetings	40			
41	Interest	41			
42	Depreciation, depletion etc (att sch )	42	0	0	
43	Other expenses (itemize) a	43a			
	b See Statement 2	43b	650,403	533,741	48,015
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	650,403	533,741	68,647

**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?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<p>▶ <b>Grant wishes to children with life-threatening illnesses.</b></p> <p>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.)</p>	
<p>a <b>Granting of wishes to children with life-threatening illnesses.</b></p> <p>(Grants and allocations \$ _____ )</p>	533,741
<p>b _____</p> <p>(Grants and allocations \$ _____ )</p>	
<p>c _____</p> <p>(Grants and allocations \$ _____ )</p>	
<p>d _____</p> <p>(Grants and allocations \$ _____ )</p>	
<p>e Other program services (attach schedule) _____</p> <p>(Grants and allocations \$ _____ )</p>	
<p>f <b>Total of Program Service Expenses</b> (should equal line 44 column (B) Program services)</p>	533,741

**Part IV Balance Sheets (See Specific Instructions on page 23 )**

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
45	Cash-non-interest-bearing		45		
46	Savings and temporary cash investments	32,292	46	73,226	
47a	Accounts receivable	47a			
b	Less allowance for doubtful accounts	47b	47c		
48a	Pledges receivable	48a			
b	Less allowance for doubtful accounts	48b	48c		
49	Grants receivable	13,600	49	15,548	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule)	51a			
b	Less allowance for doubtful accounts	51b	51c		
52	Inventories for sale or use	6,267	52	6,000	
53	Prepaid expenses and deferred charges		53		
54	Investments-securities <b>See Stmt 3</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV	605,873	54	472,298	
55a	Investments-land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b	55c		
56	Investments-other (attach schedule)		56		
57a	Land buildings and equipment basis	57a	38,755		
b	Less accumulated depreciation (attach schedule)	57b	14,033	12,670	57c
58	Other assets (describe <b>See Stmt 4</b> )		58	8,586	1,200
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	679,288	59	592,994	
60	Accounts payable and accrued expenses	27,849	60	20,567	
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 _____)		65		
66	<b>Total liabilities</b> (add lines 60 through 65)	27,849	66	20,567	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	636,965	67	557,953	
68	Temporarily restricted	14,474	68	14,474	
69	Permanently restricted		69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds		70		
71	Paid-in or capital surplus, or land building, and equipment fund		71		
72	Retained earnings, endowment accumulated income or other funds		72		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	651,439	73	572,427	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	679,288	74	592,994	

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.

DAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25 )	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
N/A	N/A
<p><b>a</b> Total revenue gains, and other support per audited financial statements ▶ <b>a</b></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 12 Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b></p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>Kathy Hopper</b> 3885 S. Decatur, LV	<b>Exec Dir</b> 40	<b>37,075</b>	<b>0</b>	<b>0</b>
<b>Jeanette Young</b> 3885 S. Decatur, LV	<b>Exec Dir</b> 40	<b>5,000</b>	<b>0</b>	<b>0</b>
<b>See attached</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No

If "Yes," attach schedule-see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26 )		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			X
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			X
78a	Did the organization have unrelated business gross inc of \$1 000 or more during the year covered by this return?			X
b	If "Yes " has it filed a tax return on Form 990-T for this year?	N/A		
79	Was there a liquidation, dissolution termination, or substantial contraction during the year? If "Yes," attach a statement			X
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?			X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	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	X	
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		159,015
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	N/A		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered 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	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		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	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?	N/A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b		
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 , section 4912 <input type="checkbox"/> 0 , section 4955 <input type="checkbox"/> 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	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> None			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		3
91	The books are in care of <input type="checkbox"/> Organization Located at <input type="checkbox"/> Las Vegas, NV			
	Telephone no <input type="checkbox"/> 702-367-1440 ZIP code <input type="checkbox"/> 89103-5327			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and 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 page 30)**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	9,776	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					165,105
<b>102</b> Gross profit or (loss) from sales of inventory			1		
<b>103</b> Other revenue					
a _____					
b <b>Miscellaneous</b>			1	1,429	
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B) (D) and (E))		0		11,205	165,105
<b>105</b> Total (add line 104 columns (B) (D), and (E))					176,310

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)
●	
N/A	

**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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 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)

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

1/4/17/02 Date *Executive Director* Type or print name and 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

**Supplementary Information-(See separate instructions )**

OMB No 1545-0047

**2000**

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 Southern Nevada, Inc.**

Employer Identification number

**88-0371088**

**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 ben plans & deferred compensation	(e) Expense account and other allowances
<b>None</b>				
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 instr 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
<b>None</b>		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

**Part III Statements About Activities**

		Yes	No
<b>1</b>	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? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> _____ 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		<b>X</b>
	<b>2</b> 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		
<b>a</b>	Sale exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods services or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	<b>2e</b>	<b>X</b>
<b>3</b>	Does the organization make grants for scholarships fellowships, student loans, etc ?	<b>3</b>	<b>X</b>
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees?	<b>4a</b>	<b>X</b>
<b>b</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 pg. 2 of the instr.)		

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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** in Part IV-A )
- 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 FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants & contrib received (Do not incl unusual grants See line 28 )	677,177	507,269	458,785	273,919	1,917,150
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc purpose	10,733	1,716			12,449
18 Gross inc from int dividends, amounts received from pymt on securities loans (section 512(a)(5)) rents royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	10,971	8,310	4,965	4,997	29,243
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of services or fact furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets	1,375	1,328			2,703
23 Total of lines 15 through 22	700,256	518,623	463,750	278,916	1,961,545
24 Line 23 minus line 17	689,523	516,907	463,750	278,916	1,949,096
25 Enter 1% of line 23	7,003	5,186	4,638	2,789	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	
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	
d Add Amounts from column (e) for lines	18 _____ 19 _____	▶	26d	
	22 _____ 26b _____	▶	26e	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

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 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 these differences (the excess amounts) for each year

(1999) (1998) (1997) (1996)

c Add Amounts from column (e) for lines	15 <u>1,917,150</u> 16 _____	▶	27c	1,929,599
	17 <u>12,449</u> 20 _____ 21 _____	▶	27d	
d Add Line 27a total _____ and line 27b total _____		▶	27e	1,929,599
e Public support (line 27c total minus line 27d total)		▶	27e	
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	▶ <u>1,961,545</u>	▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g	98.3714%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h	1.4908%

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 instr )

**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)**

		N/A	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

**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) **N/A**

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

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) 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		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-			
<b>If the amount on line 40 is-</b>			
Not over \$500,000	<b>The lobbying nontaxable amount is-</b>		
	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	41	
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		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

**Caution** If there is an amount on either line 43 or line 44, you must 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 )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

**N/A**

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

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



**Schedule B**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

**2000**

Name of organization <b>Make-A-Wish Foundation of Southern Nevada, Inc.</b>		Employer identification number <b>88-0371088</b>
--	--	---

Organization type (check one)- Section	<input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number)	<input type="checkbox"/> 527 or	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust
--	---	---------------------------------	--

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no General charitable contributors who contributed more than \$1,000 during the year (But see rule below ) ▶

Enter here the total gifts recieved during the year for a religious, chantable, etc , purpose ▶ \$

**Note:** This form is generally not open to public inspection except for section 527 organizations

Name of organization <b>Make-A-Wish Foundation of Southern</b>	Employer identification number <b>88-0371088</b>
---	---

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ 17,500	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>4</u>		\$ 16,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>5</u>		\$ 20,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>6</u>		\$ 14,293	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>7</u>		\$ 20,044	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>21</u>		\$ 12,500	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization <b>Make-A-Wish Foundation of Southern</b>	Employer identification number <b>88-0371088</b>
---	---

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>14</u>		\$ 72,135	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
—		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

## Quarterly Report Board List

<p><b>Barry Mattison</b>            President            9/96 - 8/31/00            V P Operations            Design Institute            4225 S. Eastern Ave , Ste 4            Las Vegas, NV 89119            702-369-9944  <a href="mailto:barry@designinstitute.edu">barry@designinstitute.edu</a></p>	<p><b>Steve B. Anderson</b>            Director            9/96 - 8/31/00            Realtor            REMAX            2834 Edmond Street            Las Vegas, NV 89146-6801            702-798-7620  <a href="mailto:ToBuyLV@aol.com">ToBuyLV@aol.com</a></p>
<p><b>Tom Masterson</b>            Vice President            9/98 - 8/31/00            V P Sales &amp; Marketing            Photo Finish Color Imaging            3708 Miguels Lane            Las Vegas, NV 89120            702-732-1878  <a href="mailto:tkmasterson@msn.com">tkmasterson@msn.com</a></p>	<p><b>Kelly Brockman</b>            Director            9/99 - 8/31/00            V.P. Regional Sales Manager            Nevada State Bank            4240 W. Flamingo            Las Vegas, NV 89103            702-873-8439</p>
<p><b>Jennifer Tuttle</b>            Secretary            9/98 - 8/31/00            None (student)            2109 Plaza Del Padre            Las Vegas, NV 89102            702-257-6695  <a href="mailto:tuttlex3@aol.com">tuttlex3@aol.com</a></p>	<p><b>Judee Gordon</b>            Director            9/96 - 8/31/00            CEO            Len Gordon Company            8918 Las Montanas Ave.            Las Vegas, NV 89147            702-361-0600  <a href="mailto:j.Gordon@juno.com">j.Gordon@juno.com</a></p>
<p><b>Brig Gen Roger A. Jones USAF (Ret.)</b>            President            9/96 - 8/31/00            Brig Gen USAF (Ret.)            3017 Plaza de Monte            Las Vegas, NV 89102            702-247-6838  <a href="mailto:BGRAJONES@aol.com">BGRAJONES@aol.com</a></p>	<p><b>Larry Katz</b>            Director            9/99 - 8/31/00            Owner            Vegas Investment Properties            2121 E. Tropicana            Las Vegas, NV 89119            702-740-2472</p>

<p><b>Larry Kifer</b>  Director  9/00  Algiers Hotel  Owner  2845 Las Vegas Blvd. So.  Las Vegas, NV 89107  702-735-3311  <u>lwkifer@concentric net</u></p>	<p><b>Kendall Tenney</b>  Director  10/99 – 8/31/00  News Anchorman  KVBC-TV  1500 Foremaster Lane  Las Vegas, NV 89101  702-657-3190  <u>ktenney@KVBC com</u></p>
<p><b>Marla Letizia</b>  Director  2/00 – 8/31/00  V.P./Treasurer  Letizia Ad Agency  9304 Red Twig Drive  Las Vegas, NV 89134  702-870-2362  <u>Mletizia@aol com</u></p>	<p><b>Helene Walker</b>  Director  9/99 – 8/31/00  Senior Designer  Creative Light Source, Inc.  2608 Wimbledon Way  Las Vegas, NV 89107  702-897-1400</p>
<p><b>Linda Magnus</b>  Director  9/99 – 8/31/00  Financial Program Sales Manager  Unisys Corporation  3341 Uribe Street  Las Vegas, NV 89129  702-876-6918  <u>Linda magnus@unisys com</u></p>	<p><b>Scott Karosa</b>  Director  9/98 – 8/31/00  C.E.O.  Tri-Star Management, Inc.  3900 Paradise Road, Suite 155  Las Vegas, NV 89109  702-794-4444  (was not re-elected to Board)</p>
<p><b>Joseph Planck</b>  Director  9/99 – 8/31/00  Fire Dept. Chief  Clark County Fire Dept.  7714 Royal Oaks Road  Las Vegas, NV 89123  702-455-7311</p>	





**Federal Statements****Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
Token items	\$ _____	\$ _____	\$ _____
Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Unrealized gains	\$ _____
Unrealized losses	-136,229
Total	\$ <u>-136,229</u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
Indirect Expense	\$	\$	\$	\$
See attached	<u>650,403</u>	<u>533,741</u>	<u>68,647</u>	<u>48,015</u>
Total	<u>\$ 650,403</u>	<u>\$ 533,741</u>	<u>\$ 68,647</u>	<u>\$ 48,015</u>

# Make-A-Wish Foundation Of Southern Nevada

88-0371088

## Expenses

September 2000 through August 2001

Expense	01-Program	02-Fundraising	03-Administrative	TOTAL
<b>7000 Salaries</b>				
7005 Exmpt Salaries	67 018 99	17 653 43	16 618 39	101 290 81
<b>Total 7000 Salaries</b>	<b>67 018 99</b>	<b>17 653 43</b>	<b>16 618 39</b>	<b>101 290 81</b>
<b>7100 Health/Retirement Benefits</b>				
7110 Medical & Dental	52 63	29 24	1 876 16	1 958 03
7120 Disability Insurance	244 50	55 42	26 08	326 00
<b>Total 7100 Health/Retirement Benefits</b>	<b>297 13</b>	<b>84 66</b>	<b>1 902 24</b>	<b>2 284 03</b>
<b>7200 Payroll Taxes</b>				
7205 FICA-Foundation Share	5 124 30	1 350 47	1 374 45	7 849 22
7215 Workers Compensation	50 70	13 26	202 04	266 00
<b>Total 7200 Payroll Taxes</b>	<b>5 175 00</b>	<b>1 363 73</b>	<b>1 576 49</b>	<b>8 115 22</b>
<b>7500 Wish Expenses</b>				
7505 Transportation	65 112 03	228 00	0 00	65,340 03
7510 Meals & Misc	40 572 89	0 00	0 00	40,572 89
7515 Lodging	19 444 24	0 00	0 00	19 444 24
7520 Gifts Purchased	71 363 98	0 00	162 26	71 526 24
7525 Wish Assists	41 040 57	0 00	0 00	41 040 57
7526 In-kind Wish Donation	58 943 81	0 00	0 00	58 943 81
7530 Miscellaneous	8 106 43	0 00	760 98	8 867 41
7531 Misc In Kind	500 00	0 00	0 00	500 00
7540 Wishes/Toy Inventory	980 09	0 00	0 00	980 09
7541 Wishes/Toy Inv In Kind	1,954 47	0 00	0 00	1 954 47
7550 Turnover Items(tickets/product)	8 641 82	0 00	300 00	8 941 82
7551 Turnover Items In Kind	200 00	0 00	0 00	200 00
7595 Memorials	304 44	0 00	0 00	304 44
7500 Wish Expenses - Other	18 028 89	0 00	0 00	-18 028 89
<b>Total 7500 Wish Expenses</b>	<b>299 135 88</b>	<b>228 00</b>	<b>1 223 24</b>	<b>300 587 12</b>
<b>7800 Special Events</b>				
7801 Internal - Gala	63 146 55	1 656 47	0 00	64 803 02
7802 Gala - In-kind	18 969 30	93 15	0 00	19 062 45
7803 Internal Fashion Show	7 11	1 879 35	0 00	1 886 46
7804 In-kind Fashion Show	7 275 00	0 00	0 00	7 275 00
7805 Internal Volunteer Appreciation	894 18	822 67	0 00	1 716 85
7806 In Kind Volunteer Appreciation	4 260 00	523 09	0 00	4 783 09
7807 Internal Special - Others	732 38	314 81	64 35	1 111 54
7808 In-kind Internal - Other Events	1 378 00	0 00	50 00	1 328 00
7809 External Special Events	89 02	531 68	0 00	620 70
7850 Wish family Activity	821 70	0 00	0 00	821 70
7851 Wish Family Activity In Kind	1 889 08	0 00	0 00	1 889 08
<b>Total 7800 Special Events</b>	<b>99 462 32</b>	<b>5 821 22</b>	<b>14 35</b>	<b>105 297 89</b>
<b>8000 Professional Fees</b>				
8005 Legal Fees	0 00	0 00	250 00	250 00
8010 Audit Fees	0 00	0 00	2 783 00	2 783 00
8015 Public Relations	82 50	8 50	9 00	100 00
8025 Brokerage	0 00	0 00	5 300 64	5 300 64
8040 Background Checks	336 00	336 00	468 00	1 140 00
8045 Outside Services	9 204 78	7 499 64	5 358 17	22 062 59
<b>Total 8000 Professional Fees</b>	<b>9 623 28</b>	<b>7 844 14</b>	<b>14 168 81</b>	<b>31 636 23</b>

# Make-A-Wish Foundation Of Southern Nevada

88-0371088

## Expenses

September 2000 through August 2001

	01-Program	02-Fundraising	03-Administrative	TOTAL
<b>8100 Supplies</b>				
8105 Office	2 953 23	815 93	2 292 49	6 061 65
8106 Office Supplies In-kind	297 74	56 12	55 88	409 74
8110 Copier/Postage Machines	132 89	26 27	100 00	259 16
8125 Pins & Badges	839 60	375 83	278 86	1 494 29
8130 Holiday Mailings	0 00	0 00	-50 00	50 00
8100 Supplies - Other	689 85	178 92	189 45	1 058 22
<b>Total 8100 Supplies</b>	4 913 31	1 453 07	2 866 68	9 233 06
<b>8200 Telephone</b>				
8207 Local	981 59	256 72	271 85	1 510 16
8210 Long Distance	745 46	193 44	204 88	1 143 78
8225 Equipment	52 00	13 60	14 40	80 00
8235 Line Charges	64 94	16 98	17 98	99 90
8240 Cellular	1 045 42	305 84	332 03	1 683 29
<b>Total 8200 Telephone</b>	2 889 41	786 58	841 14	4 517 13
<b>8300 Postage &amp; Shipping</b>				
8305 Postage	1 606 44	389 61	629 86	2 625 91
8310 Shipping	468 29	77 09	66 02	611 40
<b>Total 8300 Postage &amp; Shipping</b>	2 074 73	466 70	695 88	3 237 31
<b>8400 Occupancy</b>				
8408 Rent	11,318 53	2 960 82	3 134 76	17 414 11
8410 Storage	295 00	751 00	54 00	1 100 00
8415 Parking	88 50	4 50	0 00	93 00
8420 Utilities	2 085 17	482 10	547 32	3 114 59
<b>Total 8400 Occupancy</b>	13 787 20	4 198 42	3 736 08	21 721 70
<b>8500 Equipment Rental &amp; Maintenance</b>				
8505 Equipment Rental	50 88	0 00	0 00	50 88
8512 Lease/Maintenance	3 782 44	1 063 33	1 916 29	6 762 06
8500 Equipment Rental & Maintenance - Other	40 14	10 50	11 11	61 75
<b>Total 8500 Equipment Rental &amp; Maintenance</b>	3 873 46	1 073 83	1 927 40	6 874 69
<b>8600 Printing/Subscriptions/Pubs</b>				
8605 Printing	1 110 61	468 90	1,037 96	2 617 47
8625 Film/Video	79 88	137 50	0 00	217 38
8630 Subscriptions	0 00	135 00	58 00	193 00
8635 Publications Purchase	90 00	90 00	0 00	180 00
8640 Advertising	50 00	0 00	1 008 60	1 058 60
<b>Total 8600 Printing/Subscriptions/Pubs</b>	1 330 49	831 40	2 104 56	4 266 45
<b>8700 Travel</b>				
8705 Local Ground Transportation	16 25	77 66	114 38	20 47
8710 Mileage Reimbursement	689 38	217 61	217 87	1 124 86
8715 Meals & Misc	95 14	64 37	401 41	560 92
8725 Transportation	147 58	0 00	0 00	147 58
8700 Travel - Other	329 09	86 07	91 13	506 29
<b>Total 8700 Travel</b>	1 277 44	445 71	596 03	2 319 18
<b>8800 Conferences/Conventions/Meeting</b>				
8801 Meals & Misc	487 34	107 41	196 22	790 97
8802 Travel & Lodging	4 896 74	373 00	1 360 90	6 630 64

**Make-A-Wish Foundation Of Southern Nevada**

88-0371088

**Expenses**

September 2000 through August 2001

	01-Program	02-Fundraising	03-Administrative	TOTAL
8806 Registration	1 700 00	150 00	915 00	2 765 00
8815 Food & Beverage	562 23	259 33	557 63	1 379 19
8830 Gifts	388 80	85 10	729 40	1 203 30
8835 Entertainment	124 04	29 75	31 50	185 29
8840 Awards	319 60	675 65	575 75	1 571 00
8800 Conferences/Conventions/Meeting - Other	0 00	0 00	227 17	227 17
<b>Total 8800 Conferences/Conventions/Meeting</b>	<b>8 478 75</b>	<b>1 680 24</b>	<b>4 593 57</b>	<b>14 752 56</b>
<b>9000 Membership Dues</b>				
9010 Organization	2,588 12	620 64	421 52	3 630 28
9015 Chambers	235 00	51 00	512 75	798 75
9000 Membership Dues - Other	25 00	25 00	25 00	75 00
<b>Total 9000 Membership Dues</b>	<b>2 848 12</b>	<b>696 64</b>	<b>959 27</b>	<b>4 504 03</b>
<b>9100 Grants &amp; Scholarships</b>				
9110 Grants to others	0 00	0 00	6 73	6 73
<b>Total 9100 Grants &amp; Scholarships</b>	<b>0 00</b>	<b>0 00</b>	<b>6 73</b>	<b>6 73</b>
<b>9300 Insurance</b>				
9305 General Liability	520 00	136 00	144 00	800 00
<b>Total 9300 Insurance</b>	<b>520 00</b>	<b>136 00</b>	<b>144 00</b>	<b>800 00</b>
<b>9400 Miscellaneous</b>				
9405 Bank charges	0 00	0 00	73 00	73 00
9410 Bad Debt	0 00	0 00	254 64	254 64
9420 Merchant Discount	0 00	1 053 52	2 490 57	3 544 09
9425 Misc Vol Wish Exp Reimb	86 26	0 00	0 00	86 26
9430 Sales Tax Liability	29 43	0 72	11 50	41 65
9435 Penalties	75 95	0 00	458 38	534 33
<b>Total 9400 Miscellaneous</b>	<b>191 64</b>	<b>1 054 24</b>	<b>3 288 09</b>	<b>4 533 97</b>
<b>9500 Capital Purchases</b>				
9505 Furniture & Fixtures	7 227 83	1 807 32	3 692 49	12 727 64
9510 Computers & Software	1 876 68	100 15	1 066 00	3 042 83
9515 Equipment Purchases	1 673 70	272 59	288 63	2 234 92
9520 Leasehold Improvements	65 18	17 05	32 16	114 39
9525 Depreciation	0 00	0 00	6 304 52	6 304 52
<b>Total 9500 Capital Purchases</b>	<b>10 843 39</b>	<b>2 197 11</b>	<b>11 383 80</b>	<b>24 424 30</b>
<b>Total Expense</b>	<b>533 740 54</b>	<b>48 015 12</b>	<b>68 646 75</b>	<b>650 402 41</b>

**Federal Statements****Statement 3 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Corporate Stock			
	<u>605,873</u>	<u>472,298</u>	
	<u>605,873</u>	<u>472,298</u>	

**Statement 4 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Assets held for sale	\$ 1,200	\$ 1,200
Due from National organization	<u>7,386</u>	
Total	<u>\$ 8,586</u>	<u>\$ 1,200</u>

Form **8868**

(December 2000)

Department of the Treasury

Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1708

▶ File a separate application for each return

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed

Form 8868

## Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>Make-A-Wish Foundation of Southern Nevada, Inc.</b>	Employer Identification number <b>88-0371088</b>
	Number, street, and room or suite no If a P O box, see instructions <b>3885 South Decatur Blvd. 1000</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Las Vegas NV 89103</b>	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 4/15/02, to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning 9/01/00, and ending 8/31/01

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Diana Kuss* Title X CPA

Date 1/08/02

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)