Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2002

Open to Public Inspection

A For the 2002 calendar year, or tax year beginning 9/1/2002 and ending 8/31/2003

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

Please use IRS label or print or type. See Specific Instructions.

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

Number and street (or P O box if mail is not delivered to street address) Room/suite
66 HANOVER STREET 101

City or town State or country ZIP + 4
MANCHESTER NH 03101

D Employer identification number
02-0405369

E Telephone number
(603) 623-9474

F Accounting method. ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

G Web site: ▶

H and I are not applicable to section 527 organizations

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 instructions)

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

I Enter 4-digit GEN ▶

J ORGANIZATION TYPE (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) OR ☐ 527

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

M Check ▶ ☐ if the organization is NOT required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 862,709

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	390,137	
	b	Indirect public support	1b	453,728	
	c	Government contributions (grants)	1c		
	d	TOTAL (add lines 1a through 1c) (cash $ 714,865 noncash $ 129,000)			1d 843,865
	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 18,844
	5	Dividends and interest from securities			5
	6 a	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
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	0 8c	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d 0
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ 453,728 of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c 0
	10 a	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 0
	12	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 862,709
Expenses	13	Program services (from line 44, column (B))			13 645,863
	14	Management and general (from line 44, column (C))			14 54,005
	15	Fundraising (from line 44, column (D))			15 148,656
	16	Payments to affiliates (attach schedule)			16
	17	TOTAL EXPENSES (add lines 16 and 44, column (A))			17 848,524
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 14,185
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 1,128,789
	20	Other changes in net assets or fund balances (attach explanation)			20 20,672
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 1,163,646

03-14 15

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 page 21 of the instructions)

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	212,726	138,272	10,636	63,818
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	13,752	1,208	11,986	558
34 Telephone	34	5,256	3,416	263	1,577
35 Postage and shipping	35	16,079	10,451	804	4,824
36 Occupancy	36	22,400	14,560	1,120	6,720
37 Equipment rental and maintenance	37	0			
38 Printing and publications	38	0			
39 Travel	39	0			
40 Conferences, conventions, and meetings	40	14,174		14,174	
41 Interest	41	0			
42 Depreciation, depletion, etc. (attach schedule)	42	3,584	2,330	179	1,075
43 Other expenses not covered above (itemize): a DUES	43a	6,303	4,096	317	1,890
b DIRECT COST OF WISHES	43b	441,884	441,884		
c DIRECT COST OF FUNDRAISING	43c	51,951			51,951
d PUBLIC RELATIONS	43d	39,492	16,045	13,481	9,966
e INSURANCE	43e	2,647	1,721	132	794
f MISCELLANEOUS	43f	18,276	11,880	913	5,483
44 TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15	44	848,524	645,863	54,005	148,656

JOINT COSTS. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . ▶ ☐ 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 page 24 of the instructions.)

What is the organization's primary exempt purpose? ▶ GRANT WISHES TO CHILDREN WITH TERMINAL ILLNESS

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 ILLNESS

(Grants and allocations $) 645,863

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) . . . . . ▶ 645,863

Part IV **Balance Sheets** (See page 24 of the instructions.)

	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			348,634	45	347,631
	46 Savings and temporary cash investments				46	
	47 a Accounts receivable	47a	0			
	b Less: allowance for doubtful accounts	47b	0	0	47c	0
	48 a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	18,900	48c	0
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments - securities (attach schedule) ▶ ☐ Cost ☒ FMV			838,446	54	920,183
	55 a Investments - land, buildings, and equipment: basis	55a	0			
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments - other (attach schedule)			0	56	0
	57 a Land, buildings, and equipment: basis	57a	28,675			
	b Less: accumulated depreciation (attach schedule)	57b	6,834	11,458	57c	21,841
	58 Other assets (describe ▶ See attached worksheet)			4,189	58	17,953
	59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)			1,221,627	59	1,307,608
Liabilities	60 Accounts payable and accrued expenses			15,138	60	15,683
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe ▶ ACCRUED PENDING WISH COST)			77,700	65	128,279
	66 TOTAL LIABILITIES (add lines 60 through 65)			92,838	66	143,962
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			1,109,889	67	1,098,746
	68 Temporarily restricted			18,900	68	64,900
	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, building, 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; column (B) MUST equal line 21)			1,128,789	73	1,163,646
	74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)			1,221,627	74	1,307,608

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-A **Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	837,381
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . $ 20,672		
(2)	Donated services and use of facilities . . $		
(3)	Recoveries of prior year grants . . . . $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	20,672
c	Line a minus line b ▶	c	816,709
d	Amounts included on line 12, 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 revenue per line 12, Form 990 (line c plus line d) ▶	e	816,709

Part IV-B **Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements ▶	a	848,524
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) through (4) ▶	b	0
c	Line a minus line b ▶	c	848,524
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	848,524

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (IF NOT PAID, ENTER -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE		67,537	0	0

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 page 26 of the instructions.

Part VI	Other Information (See page 27 of the instructions.)		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	76		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.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	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	X	
b	If "Yes," enter the name of the organization ▶ MAKE A WISH FOUNDATION OF AMERICA and check whether it is [X] exempt OR [ ] nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0			
b	Did the organization file FORM 1120-POL for this year?	81b		X
82 a	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 in Part III.) 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	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?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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.			
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 on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization 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	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			
90 a	List the states with which a copy of this return is filed ▶ NEW HAMPSHIRE			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.) 90b 4			
91	The books are in care of ▶ GARY T. BOISVERT Telephone no. ▶ (603) 623-9474			
	Located at ▶ 66 HANOVER STREET, MANCHESTER, NH ZIP + 4 ▶ 03101-2230			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: *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			14	18,844	
96 Dividends and interest from securities					
97 Net rental income or (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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		18,844	0
105 TOTAL (add line 104, columns (B), (D), and (E)) ▶					18,844

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 page 32 of the instructions.)

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).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(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 page 33 of the instructions.)

(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 and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

[redacted]

4/14/04
Date

President

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

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

OMB No 1545-0047

2002

Name of the organization

MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE, INC.

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 2 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** (See page 2 of the instructions.)

			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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities $ 0 **(Must equal amounts on line 38,** Part VI-A, or line i of Part VI-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.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
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
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below.)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note: *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*

Part IV **Reason for Non-Private Foundation Status** (See pages 3 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.)

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)

11 a ☒ 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.)

11 b ☐ 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 fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	864,138	1,030,707	187,690	156,853	2,239,388
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose		0	506,287	378,891	885,178
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	19,771	10,335	16,811	16,063	62,980
19 Net income from unrelated business activities not included in line 18		5,457			5,457
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	883,909	1,046,499	710,788	551,807	3,193,003
24 Line 23 minus line 17	883,909	1,046,499	204,501	172,916	2,307,825
25 Enter 1% of line 23	8,839	10,465	7,108	5,518	

26	ORGANIZATIONS DESCRIBED ON LINES 10 OR 11. **a** Enter 2% of amount in column (e), line 24	**26a**	46,157
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN Enter the total of all these excess amounts	**26b**	
c	Total support for section 509(a)(1) test Enter line 24, column (e)	**26c**	2,307,825
d	Add: Amounts from column (e) for lines: 18 62,980 19 5,457; 22 0 26b 0	**26d**	68,437
e	Public support (line 26c minus line 26d total)	**26e**	2,239,388
f	PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))	**26f**	97.03%

27 ORGANIZATIONS DESCRIBED ON LINE 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year:

(2001) _____ (2000) _____ (1999) _____ (1998) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) DO NOT FILE THIS LIST WITH YOUR RETURN 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.

(2001) _____ (2000) _____ (1999) _____ (1998) _____

c	Add Amounts from column (e) for lines: 15 0 16 0; 17 0 20 0 21 0	**27c**	0
d	Add: Line 27a total 0 and line 27b total 0	**27d**	0
e	Public support (line 27c total minus line 27d total)	**27e**	0
f	Total support for section 509(a)(2) test Enter amount from 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 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 7 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?	29		
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?	30		
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?	31		
	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.)			
34 a	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 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check a ☐ if the organization belongs to an affiliated group. Check b ☐ if you checked "a" 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	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	41	0	0
	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, 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 11 of the instructions.)

	Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period (a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 only by organizations that did not complete Part VI-A) (See page 11 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:	Yes	No	Amount
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.)			0

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 CONTRIBUTIONS RECEIVABLE	1	18,900	0		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges receivable		18,900	0	0	0

Line 54 (990) - Investments securities

		Beginning	End
1 CERTIFICATES OF DEPOSIT	1	260,814	314,637
2 MUTUAL FUNDS	2	577,632	605,546
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total investments securities		838,446	920,183

Line 57 (990) - Land, buildings, and equipment

Land Only (net of any amortization)		Land (net of any amortization) Beginning	End
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
Total land (net of any amortization)		0	0

Buildings and equipment Only		Buildings and equipment Beginning	End	Accumulated depreciation Beginning	End
1 EQUIPMENT	1	14,708	28,675	3,250	6,834
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
Total buildings and equipment		14,708	28,675	3,250	6,834
Buildings and equipment (less accumulated depreciation)				11,458	21,841

	Beginning of Year	End of Year
Total land, buildings and equipment	11,458	21,841

Line 58 (990) - Other Assets

		Beginning	End
1 DEPOSITS	1	1,000	1,000
2 DUE FROM NATIONAL ORGANIZATION	2	3,189	16,953
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets		4,189	17,953

Line 65 (990) - Other Liabilities

			Beginning		End
1	ACCRUED PENDING WISH COST	1	77,700		128,279
2		2			
3		3			
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total other liabilities		77,700		128,279

Line 20 for 990		Total:	20,672
1	UNREALIZED GAIN ON MARKETABLE SECURITIES	1	20,672
2		2	
3		3	
4		4	
5		5	

Asset Depreciation Short Report - Sorted by - ASSET A/C# Page: 1

Company: MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE Year End. 08/31/03 Date: 04/13/04

Method: 1 - FEDERAL Std Conv Applied File H.\AKDATA\AK DATA NETWORKED\MAKE-A-WISH Time 13:30.31

Range: 100 - COMPUTER EQUIPMENT - 300 - EQUIPMENT Include All assets

Date Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 100 - COMPUTER EQUIPMENT								
10/15/00	COMPUTER EQUIPMENT	MSL/ 5 00	673 47	0 00	673 47	202 20	134 69	336 89
10/11/02 A	DELL COMPUTER	MSL/ 5 00	1,475 00	0 00	1,475 00	0 00	147 50	147 50
10/11/02 A	DELL COMPUTER	MSL/ 5 00	1,475 00	0 00	1,475 00	0 00	147 50	147 50
05/17/03 A	COMPUTER & ACESS (MARIA'S)	MSL/ 5 00	1,488 00	0 00	1,488 00	0 00	148 80	148 80
Grand totals: 100 - COMPUTER EQUIPMENT (4 assets)			5,111 47	0 00	5,111 47	202 20	578 49	780 69
ASSET A/C#: 200 - FURNITURE								
07/15/98	FAX	MSL/10 00	900 00	0 00	900 00	405 00	90 00	495 00
01/15/02	FURNITURE 2002 ADDITIONS	MSL/ 5 00	5,620 00	0 00	5,620 00	562 00	1,124 00	1,686 00
Grand totals: 200 - FURNITURE (2 assets)			6,520 00	0 00	6,520 00	967 00	1,214 00	2,181 00
ASSET A/C#: 300 - EQUIPMENT								
08/15/98	TRAILER (IN KIND)	MSL/10 00	2,000 00	0 00	2,000 00	1,125 00	200 00	1,325 00
08/31/00	EQUIPMENT	MSL/10 00	4,020 00	0 00	4,020 00	653 00	402 00	1,055 00
08/31/00	EQUIPMENT	MSL/10 00	1,190 00	0 00	1,190 00	198 50	119 00	317 50
09/01/00	EQUIPMENT	MSL/10 00	304 00	0 00	304 00	104 30	30 40	134 70
09/01/02 A	COPIER	MSL/ 5 00	8,500 00	0 00	8,500 00	0 00	850 00	850 00
12/13/02 A	DESKJET 990CV1 PRINTER	MSL/ 5 00	339 69	0 00	339 69	0 00	33 97	33 97
12/13/02 A	DESKJET 990CV1 PRINTER	MSL/ 5 00	339 69	0 00	339 69	0 00	33 97	33 97
01/28/03 A	PAPER SHREDDER	MSL/ 7 00	350 00	0 00	350 00	0 00	122 50	122 50
Grand totals: 300 - EQUIPMENT (8 assets)			17,043 38	0 00	17,043 38	2,080 80	1,791 84	3,872 64
Grand totals for all accounts: (14 assets)			28,674 85	0 00	28,674 85	3,250 00	3,584 33	6,834 33

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	28,674 85	0 00	28,674 85	3,250 00	3,584 33	6,834 33	21,840 52
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)	28,674 85	0 00	28,674 85	3,250 00	3,584 33	6,834 33	21,840 52

MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE, INC.
FORM 990, FYE AUGUST 31, 2003, 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
Larry Schulte 180 Black River Road Bedford, NH 03110	President / Chairman of the Board 6	0	0	0
Anthony Tine 234 South Road Belmont, NH 03220	1st Vice-President 3	0	0	0
Dena Lee DeLucca 20 Crockett Road Laconia, NH 03246	2nd Vice-President 2	0	0	0
Gwen Van der Linde 7 Deering Center Road Deering, NH 03244	Secretary 3	0	0	0
Gary T. Boisvert 210 Ledgewood Road Manchester, NH 03104	Treasurer 3	0	0	0
Gregory Gagne 132 Flint Road Candia, NH 03034	Board Member 2	0	0	0
Robert Nadeau 162 Hoit Road Concord, NH 03301	Board Member 2	0	0	0
Jackie Rose 3-22 Derry Way Derry, NH 03038	Board Member 2	0	0	0
Michael Lucci 2 Clock Tower Place Nashua, NH 03060	Board Member 2	0	0	0
Jimmy Lehoux 220 South Hall Street Manchester, NH 03103	Board Member 2	0	0	0
Anthony Capraro 3 Lorraine Drive Londonderry, NH 03053	Board Member 2	0	0	0
Adele Boufford Baker 484 Pine Street Manchester, NH 03104-6015	Board Member 2	0	0	0
Barbara Breed 485 Pembroke Street Pembroke, NH 03275	Executive Director 12	67,537	0	0

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

* If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box . . . . . [X]

* 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	Name of Exempt Organization	EMPLOYER IDENTIFICATION NUMBER
	MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE	02-0405369
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P.O. box, see instructions. 66 HANOVER STREET, Room No. 101	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MANCHESTER, NH 03101	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] 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 4/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

[ ] calendar year _____ or

[X] tax year beginning 9/1/2002 , and ending 8/31/2003

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

3 a 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 . . . . . $ 0

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 . . . . . $ 0

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 . . . . . $ 0

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 _____ Title _____ Date _____