

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

2007**Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning 9/1/2007, and ending 8/31/2008

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

C Name of organization
MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE
 Number and street (or P O box if mail is not delivered to street address) Room/suite
814 ELM STREET STE 300
 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) ▶

G Website: ▶ www.newhampshire.wish.org

J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,343,510

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

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 Group Exemption Number ▶

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a		0	
	b	Direct public support (not included on line 1a)	1b		806,199	
	c	Indirect public support (not included on line 1a)	1c		457,276	
	d	Government contributions (grants) (not included on line 1a)	1d		25,599	
	e	Total (add lines 1a through 1d) (cash \$ <u>1,085,502</u> noncash \$ <u>203,572</u>)	1e		1,289,074	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
	3	Membership dues and assessments	3		0	
	4	Interest on savings and temporary cash investments	4		0	
	5	Dividends and interest from securities	5		54,436	
	6a	Gross rents	6a			
	6b	Less: rental expenses	6b			
6c	Net rental income or (loss). Subtract line 6b from line 6a	6c		0		
7	Other investment income (describe ▶)	7		0		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	0	8a	0
	b	Less: cost or other basis and sales expenses	0	8b	0	
	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) If any amount is from gaming, check here ☐				
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)	9a		0	
	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	
	10a	Gross sales of inventory, less returns and allowances	10a		0	
	b	Less: cost of goods sold	10b		0	
	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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,343,510		
Net Assets	13	Program services (from line 44, column (B))	13		1,535,716	
	14	Management and general (from line 44, column (C))	14		68,298	
	15	Fundraising (from line 44, column (D))	15		87,191	
	16	Payments to affiliates (attach schedule)	16		0	
	17	Total expenses. Add lines 16 and 44, column (A)	17		1,691,205	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		-347,695	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,554,149	
	20	Other changes in net assets or fund balances (attach explanation)	20		-286,469	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		919,985	

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 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 a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22a 0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here ☐	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 74,391	57,281	11,159	5,951
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 177,613	136,762	26,642	14,209
27	Pension plan contributions not included on lines 25a, b, and c	27 11,044	8,504	1,657	883
28	Employee benefits not included on lines 25a - 27	28 33,905	25,532	5,105	3,268
29	Payroll taxes	29 20,454	15,750	3,068	1,636
30	Professional fundraising fees	30 0			
31	Accounting fees	31 1,345	955	296	94
32	Legal fees	32 395	266	74	55
33	Supplies	33 6,013	4,602	758	653
34	Telephone	34 7,372	5,540	749	1,083
35	Postage and shipping	35 17,463	8,491	882	8,090
36	Occupancy	36 31,427	23,873	4,689	2,865
37	Equipment rental and maintenance	37 4,441	2,613	422	1,406
38	Printing and publications	38 39,147	14,568	567	24,012
39	Travel	39 7,934	5,335	650	1,949
40	Conferences, conventions, and meetings	40 15,994	10,754	1,311	3,929
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 4,727	3,640	709	378
43	Other expenses not covered above (itemize)				
a	DIRECT COST OF WISHES	43a 1,145,839	1,145,839	0	0
b	PROFESSIONAL FEES	43b 3,741	2,656	823	262
c	NATIONAL ASSESSMENT	43c 48,707	37,504	7,306	3,897
d	DUES AND SUBSCRIPTIONS	43d 1,680	1,375	86	219
e	MISCELLANEOUS	43e 37,573	23,876	1,345	12,352
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,691,205	1,535,716	68,298	87,191

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 ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part IV Balance Sheets (See 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	151,903	45	18,635
	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	0	48c	0
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	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 a Investments—publicly-traded securities. ☐ Cost ☒ FMV	1,295,651	54a	910,829
	b Investments—other securities (attach schedule) ☐ Cost ☐ FMV	0	54b	0
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 43,142				
b Less: accumulated depreciation (attach schedule) 57b 33,566	14,303	57c	9,576	
58 Other assets, including program-related investments (describe ☒ See attached statement)	216,654	58	266,335	
59 Total assets (must equal line 74). Add lines 45 through 58	1,678,511	59	1,205,375	
Liabilities	60 Accounts payable and accrued expenses	38,296	60	89,672
	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 COSTS)	86,066	65	195,718
	66 Total liabilities. Add lines 60 through 65	124,362	66	285,390
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	1,346,275	67	656,799
	68 Temporarily restricted	207,874	68	263,186
	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 and column (B) must equal line 21)	1,554,149	73	919,985
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,678,511	74	1,205,375	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,057,041
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	1,057,041
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>UNREALIZED & REALIZED LOSS ON INVESTMENTS</u>	d2	286,469
	Add lines d1 and d2	d	286,469
e	Total revenue (Part I, line 12). Add lines c and d	e	1,343,510

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

a	Total expenses and losses per audited financial statements	a	1,691,205
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	1,691,205
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	0
	Add lines d1 and d2	d	0
e	Total expenses (Part I, line 17). Add lines c and d	e	1,691,205

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name SEE ATTACHED Str City SCHEDULE ST ZIP	Title Hr/WK	74,391	10,456	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. ▶ 10		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c	X
d	If "Yes," attach a statement that includes the information described in the instructions. Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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	N/A
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 ▶ _____ _____ and check whether it is ☐ exempt or ☐ nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
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?		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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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). 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.		X
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
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 N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A	
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ☐ , section 4912 ☐ ; section 4955 ☐		
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 ☐		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ☐		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ☐ NH		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	6
91 a	The books are in care of ☐ Name GARY POTAVIN Telephone no ☐ (603) 623-9474 Located at ☐ 814 ELM STREET City MANCHESTER ST NH ZIP + 4 ☐ 03101		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐	91b	N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** N/A

If "Yes," enter the name of the foreign country ▶

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** N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)****Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	54,436	
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		54,436	0
105 Total (add line 104, columns (B), (D), and (E))					54,436

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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)

N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

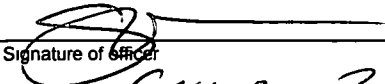
Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

				Yes	No	
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
Totals				0		

				Yes	No	
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a						
b						
c						
Totals				0		

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		4-10-09 Date	
Paid Preparer's Use Only	Gregory B GAGNE BOARD CHAIR Type or print name and title			
	Preparer's signature 	Date 2/12/2009	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X) P00581700
Firm's name (or yours if self-employed), address, and ZIP + 4 ROWLEY AND ASSOCIATES, PC 6A HILLS AVENUE, CONCORD, NH 03301		EIN 02-0522619 Phone no (603)-228-5400		

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 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

2007

Name of the organization

MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE

Employer identification number

02-0405369

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE FORM 990 PART V-A				
Total number of other employees paid over \$50,000 ▶		0		

Part II-A 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
N/A - NONE		
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A - NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Part IV; Form 990	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		X
c Did the organization make a distribution to a donor, donor advisor, or related person?		X
d Enter the total number of donor advised funds owned at the end of the tax year ►	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►	N/A	
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►	N/A	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►	N/A	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that 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: City ST Country
- 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
Total					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,228,865	1,021,444	1,053,064	1,016,681	4,320,054
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
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	60,628	50,062	20,011	23,588	154,289
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	1,289,493	1,071,506	1,073,075	1,040,269	4,474,343
24 Line 23 minus line 17	1,289,493	1,071,506	1,073,075	1,040,269	4,474,343
25 Enter 1% of line 23	12,895	10,715	10,731	10,403	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 ▶ 26a 89,487 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 2003 through 2006 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 4,474,343 d Add: Amounts from column (e) for lines 18 <u>154,289</u> 19 <u> </u> 22 <u> </u> 26b <u> </u> ▶ 26d 154,289 e Public support (line 26c minus line 26d total) ▶ 26e 4,320,054 f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f 96.55%				
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: (2006) <u> </u> (2005) <u> </u> (2004) <u> </u> (2003) <u> </u> 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 11b, 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: (2006) <u> </u> (2005) <u> </u> (2004) <u> </u> (2003) <u> </u> c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u> ▶ 27c 0 d Add: Line 27a total <u> </u> and line 27b total <u> </u> ▶ 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 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 2003 through 2006, 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 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
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 13 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 of the instructions.)

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

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

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

[illegible]

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

[illegible]

Line 20 (990) - Other Changes in Net Assets or Fund Balances

-286,469

Description		Total
1	UNREALIZED LOSS ON INVESTMENTS	-286,469
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Part IV, Line 54a (990) - Investments - Publicly-Traded Securities

Check one box below to indicate how securities are reported

☐ Cost☒ End of year market value (FMV)

0 1,295,651 910,829

Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
1	MONEY MARKET			362,884	8,948
2	MUNICIPAL BOND			150,000	
3	MUTUAL FUNDS			563,475	716,875
4	EQUITY INVESTMENTS			219,292	185,006
5					0
6				0	0
7				0	0
8				0	0
9				0	0
10				0	0
11				0	0
12				0	0
13				0	0
14				0	0
15				0	0
16				0	0
17				0	0
18				0	0
19				0	0
20				0	0

Part IV, Line 58 (990) - Other Assets		216,654	266,335
	Description	Beginning	End
1	DUE FROM NATIONAL	11,199	18,462
2	PREPAID EXPENSE	8,780	10,648
3	CONTRIBUTIONS RECEIVABLE	196,675	237,225
4			
5			
6			
7			
8			
9			
10			

ASSET DEPRECIATION SHORT REPORT

MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE Aug. 31, 2008

Sorted ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range 100 - 300

Include All assets

Date Acq	Description	Meth/Life	Cost	Section 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	673 47	0 00	673 47
10/11/02	DELL COMPUTER	MSL/ 5 00	1,475 00	0 00	1,475 00	1,327 50	147 50	1,475 00
10/11/02	DELL COMPUTER	MSL/ 5 00	1,475 00	0 00	1,475 00	1,327 50	147 50	1,475 00
05/17/03	COMPUTER & ACESS (MARIA'S)	MSL/ 5 00	1,488.00	0 00	1,488 00	1,339.20	148 80	1,488 00
10/17/03	DELL OPTIFLEX	MSL/ 5 00	1,512.94	0 00	1,512 94	1,059 06	302 59	1,361 65
12/17/03	PRINTER	MSL/ 5 00	518 01	0 00	518 01	362 60	103 60	466 20
02/17/04	PRINTER	MSL/ 5 00	194 95	0 00	194 95	136 47	38 99	175 46
07/09/04	IN-KIND COMPUTERS (2)	MSL/ 5 00	600 00	0 00	600.00	420 00	120 00	540 00
02/17/05	LAPTOP BATTERY	MSL/ 5 00	296 64	0 00	296 64	148 32	59 33	207 65
02/17/05	LAPTOP COMPUTER	MSL/ 5 00	2,077 56	0 00	2,077 56	1,038 78	415 51	1,454 29
02/28/05	LAPTOP COMPUTER IK	MSL/ 5 00	500 00	0 00	500 00	250 00	100 00	350 00
03/18/05	VARIOUS SOFTWARE	MSL/ 5 00	184 50	0 00	184 50	92 25	36 90	129 15
04/30/05	IK COMPUTER	MSL/ 5 00	100 00	0 00	100 00	50 00	20 00	70 00
07/21/05	LIFELINE SOFTWARE	MSL/ 5 00	250 00	0 00	250 00	125 00	50 00	175 00
12/07/06	LAPTOP	MSL/ 5 00	2,078 00	0 00	2,078 00	207 80	415 60	623 40
Grand totals 100 - COMPUTER EQUIPMENT (15 assets)			13,424 07	0 00	13,424 07	8,557 95	2,106 32	10,664 27
ASSET A/C#: 200 - FURNITURE								
07/15/98	FAX	MSL/10 00	900 00	0 00	900 00	855 00	45 00	900 00
01/15/02	FURNITURE 2002 ADDITIONS	MSL/ 5 00	5,620 00	0 00	5,620 00	5,620 00	0 00	5,620 00
05/17/04	DESK	MSL/10 00	319 99	0 00	319 99	112 00	32 00	144 00
08/25/04	IN-KIND FURNITURE - DESKS	MSL/10 00	2,100 00	0 00	2,100 00	735 00	210 00	945 00
06/16/05	FILING CABINET	MSL/ 5 00	130 33	0 00	130 33	65 17	26 07	91 24
06/22/07	OFFICE FURNITURE (DONATED)	MSL/ 7 00	5,000 00	0 00	5,000 00	357 14	714 29	1,071 43
Grand totals 200 - FURNITURE (6 assets)			14,070 32	0 00	14,070 32	7,744 31	1,027 36	8,771 67
ASSET A/C#: 300 - EQUIPMENT								
08/31/00	EQUIPMENT	MSL/10 00	4,020 00	0.00	4,020 00	2,663 00	402 00	3,065 00
08/31/00	EQUIPMENT	MSL/10 00	1,190 00	0 00	1,190 00	793 50	119 00	912.50
09/01/00	EQUIPMENT	MSL/10 00	304 00	0 00	304 00	256 30	30 40	286 70
09/01/02	COPIER	MSL/ 5 00	8,500 00	0 00	8,500 00	7,650 00	850 00	8,500 00
12/13/02	DESKJET 990CV1 PRINTER	MSL/ 5 00	339 69	0 00	339 69	305 73	33 96	339 69
12/13/02	DESKJET 990CV1 PRINTER	MSL/ 5 00	339 69	0 00	339 69	305 73	33 96	339 69
01/28/03	PAPER SHREDDER	MSL/ 7 00	350 00	0 00	350 00	322 50	27 50	350 00
12/31/04	DIGITAL CAMERA	MSL/ 7 00	325 00	0 00	325 00	116 07	46 43	162 50
05/31/05	CAMERA TRIPOD	MSL/ 7 00	100 00	0 00	100 00	35 72	14 29	50 01
07/30/05	REFRIGERATOR	MSL/ 5 00	180 00	0 00	180 00	90 00	36 00	126 00
Grand totals 300 - EQUIPMENT (10 assets)			15,648 38	0 00	15,648 38	12,538 55	1,593 54	14,132 09
Grand totals for all accounts: (31 assets)			43,142 77	0 00	43,142 77	28,840 81	4,727 22	33,568 03

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

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	43,142 77	0 00	0 00	43,142 77	28,840 81	4,727 22	33,568 03	9,574 74
Less Inactive Assets	0 00	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	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	43,142 77	0 00	0 00	43,142 77	28,840 81	4,727 22	33,568 03	9,574 74
Total Additional First Year Depreciation Taken at 30% Rate:				0.00				
Total Additional First Year Depreciation Taken at 50% Rate:				0.00				
Total Additional First Year Depreciation Taken:				0.00				

MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE, INC.
FORM 990, FYE AUGUST 31, 2008, 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
Charlie Fritz 814 Elm Street Manchester, NH 03101	President/Chairman of the Board 6	0	0	0
Gregory Gagne 814 Elm Street Manchester, NH 03101	Vice President 4	0	0	0
Robert Nadeau 814 Elm Street Manchester, NH 03101	Secretary 3	0	0	0
Gary Potavin 814 Elm Street Manchester, NH 03101	Treasurer 3	0	0	0
Anthony Capraro III 814 Elm Street Manchester, NH 03101	Board Member 2	0	0	0
Frank Tansey 814 Elm Street Manchester, NH 03101	Board Member 2	0	0	0
Laurie Storey-Manseau 814 Elm Street Manchester, NH 03101	Board Member 2	0	0	0
Maureen Cronin 814 Elm Street Manchester, NH 03101	Board Member 2	0	0	0
Peter Kavalauskas 814 Elm Street Manchester, NH 03101	Board Member 2	0	0	0
Kim Brady 814 Elm Street Manchester, NH 03101	Board Member 2	0	0	0
Julie Baron 814 Elm Street Manchester, NH 03101	CEO 55	74,391	10,456	0

Form **8868**(Rev. April 2007)
Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

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

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).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	MAKE-A-WISH FOUNDATION OF NEW HAMPSHIRE	02-0405369
	Number, street, and room or suite no. If a P.O. box, see instructions	
	814 ELM STREET, Room No STE 300	
	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).

☒ 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

- The books are in the care of ▶ Julie Baron

Telephone No ▶ (603) 623-9474

FAX No. ▶

- 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 months for a section 501(c) corporation required to file Form 990-T) extension of time until 4/15/2009, 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 9/1/2007, and ending 8/31/2008

- 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.	3a	\$
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.	3b	\$
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.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructionsFor Privacy Act and Paperwork Reduction Act Notice, see Instructions.
(HTA)Form **8868** (Rev 4-2007)