

AMENDED RETURN - SECTION 512(a)(7) REPEAL

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2017 or other tax year beginning SEP 1, 2017 and ending AUG 31, 2018

**2017**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information. **1808**

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> Check box if address changed	Name of organization ( Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) 408(e) 220(e) 408A 530(a) 529(a)	<b>Print or Type</b> <u>MAKE-A-WISH OF NEW HAMPSHIRE, INC.</u> Number, street, and room or suite no. If a P.O. box, see instructions. <u>814 ELM STREET, NO. 300</u> City or town, state or province, country, and ZIP or foreign postal code <u>MANCHESTER, NH 03101</u>	<u>02-0405369</u> <b>E</b> Unrelated business activity codes (See instructions)

**C** Book value of all assets at end of year 2,209,234.

**F** Group exemption number (See instructions.)

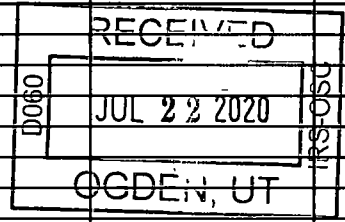
**G** Check organization type  501(c) corporation    501(c) trust    401(a) trust    Other trust

**H** Describe the organization's primary unrelated business activity. **QUALIFIED TRANSPORTATION FRINGE BENEFITS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **Yes**  **No**  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **BRIAN ROY, TREASURER** Telephone number **603-623-9474**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance			
<b>2</b> Cost of goods sold (Schedule A, line 7)				
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>G</b>			
<b>4a</b> Capital gain net income (attach Schedule D)				
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
<b>c</b> Capital loss deduction for trusts				
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)				
<b>6</b> Rent income (Schedule C)				
<b>7</b> Unrelated debt-financed income (Schedule E)				
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
<b>10</b> Exploited exempt activity income (Schedule I)				
<b>11</b> Advertising income (Schedule J)				
<b>12</b> Other income (See instructions; attach schedule)				
<b>13 Total.</b> Combine lines 3 through 12		0.		



**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22a</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	0.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	0.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	0.

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<b>Part III Tax Computation</b>			
<p><b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.                  Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                  a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):                  (1) \$ _____ (2) \$ _____ (3) \$ _____                  b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____                  (2) Additional 3% tax (not more than \$100,000) \$ _____                  c Income tax on the amount on line 34 <span style="float:right">▶</span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">35c</td><td style="text-align:right;">0.</td></tr> </table>	35c	0.
35c	0.		
<p><b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:  <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <span style="float:right">▶</span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">36</td><td></td></tr> </table>	36	
36			
<p><b>37 Proxy tax.</b> See instructions <span style="float:right">▶</span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">37</td><td></td></tr> </table>	37	
37			
<p><b>38 Alternative minimum tax</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">38</td><td></td></tr> </table>	38	
38			
<p><b>39 Tax on Non-Compliant Facility Income.</b> See instructions</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">39</td><td></td></tr> </table>	39	
39			
<p><b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">40</td><td style="text-align:right;">0.</td></tr> </table>	40	0.
40	0.		

<b>Part IV Tax and Payments</b>																					
<p><b>41a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116) <span style="float:right">41a</span></p> <p><b>b Other credits</b> (see instructions) <span style="float:right">41b</span></p> <p><b>c General business credit.</b> Attach Form 3800 <span style="float:right">41c</span></p> <p><b>d Credit for prior year minimum tax</b> (attach Form 8801 or 8827) <span style="float:right">41d</span></p> <p><b>e Total credits.</b> Add lines 41a through 41d <span style="float:right">41e</span></p> <p><b>42 Subtract line 41e from line 40</b> <span style="float:right">42</span></p> <p><b>43 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) <span style="float:right">43</span></p> <p><b>44 Total tax.</b> Add lines 42 and 43 <span style="float:right">44</span></p> <p><b>45a Payments:</b> A 2016 overpayment credited to 2017 <span style="float:right">45a</span></p> <p><b>b 2017 estimated tax payments</b> <span style="float:right">45b</span></p> <p><b>c Tax deposited with Form 8868</b> <span style="float:right">45c</span></p> <p><b>d Foreign organizations: Tax paid or withheld at source</b> (see instructions) <span style="float:right">45d</span></p> <p><b>e Backup withholding</b> (see instructions) <span style="float:right">45e</span></p> <p><b>f Credit for small employer health insurance premiums</b> (Attach Form 8941) <span style="float:right">45f</span></p> <p><b>g Other credits and payments:</b> <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <span style="float:right">45g</span></p> <p><b>46 Total payments.</b> Add lines 45a through 45g <span style="float:right">46</span></p> <p><b>47 Estimated tax penalty</b> (see instructions). Check if Form 2220 is attached <input type="checkbox"/> <span style="float:right">47</span></p> <p><b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed <span style="float:right">48</span></p> <p><b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <span style="float:right">49</span></p> <p><b>56.50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <span style="float:right">1,152.</span> <b>Refunded</b> <span style="float:right">448.</span></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">41e</td><td></td></tr> <tr><td>42</td><td style="text-align:right;">0.</td></tr> <tr><td>43</td><td></td></tr> <tr><td>44</td><td style="text-align:right;">0.</td></tr> <tr><td>45c</td><td style="text-align:right;">1,600.</td></tr> <tr><td>46</td><td style="text-align:right;">1,600.</td></tr> <tr><td>47</td><td></td></tr> <tr><td>48</td><td></td></tr> <tr><td>49</td><td style="text-align:right;">1,600.</td></tr> <tr><td>50</td><td style="text-align:right;">448.</td></tr> </table>	41e		42	0.	43		44	0.	45c	1,600.	46	1,600.	47		48		49	1,600.	50	448.
41e																					
42	0.																				
43																					
44	0.																				
45c	1,600.																				
46	1,600.																				
47																					
48																					
49	1,600.																				
50	448.																				

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)											
<p><b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____</p> <p><b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.</p> <p><b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50px;">Yes</th> <th style="width:50px;">No</th> </tr> <tr> <td style="text-align:center;"> </td> <td style="text-align:center;"> </td> </tr> <tr> <td style="text-align:center;"> </td> <td style="text-align:center;">X</td> </tr> <tr> <td style="text-align:center;"> </td> <td style="text-align:center;">X</td> </tr> <tr> <td style="text-align:center;"> </td> <td style="text-align:center;"> </td> </tr> </table>	Yes	No				X		X		
Yes	No										
	X										
	X										

<b>Sign Here</b>	<p>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 taxpayer) is based on all information of which preparer has any knowledge</p> <p><i>[Signature]</i> <span style="float:right">1/7/15/20</span>                  Signature of officer <span style="float:right">Date</span></p> <p><b>BOARD CHAIRPERSON</b>                  Title</p>	<p>May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <span style="float:right">Preparer's signature</span></p> <p>CHRISTINE KAWECKI <span style="float:right"><i>[Signature]</i></span></p>	<p>Date <span style="float:right">Check <input type="checkbox"/> if self-employed</span></p> <p>07/08/2020 <span style="float:right">PTIN</span></p>
	<p>Firm's name ▶ DELOITTE TAX LLP <span style="float:right">Firm's EIN ▶</span></p> <p>TWO JERICO PLAZA <span style="float:right">86-1065772</span></p>	<p>Phone no. 516-918-7000</p>
	<p>Firm's address ▶ JERICO, NY 11753</p>	

**AMENDED RETURN - SECTION 512(a)(7) REPEAL**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 <b>Total.</b> Add lines 1 through 4b	5				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	0.	(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)	0.
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**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			0.	0.
<b>Total dividends-received deductions</b> included in column 8			0.	0.

**AMENDED RETURN - SECTION 512(a)(7) REPEAL**

Form 990-T (2017) **MAKE-A-WISH OF NEW HAMPSHIRE, INC.**

02-0405369

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>			0.	0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**AMENDED RETURN - SECTION 512(a)(7) REPEAL**

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

AMENDED RETURN - SECTION 512(a)(7) REPEAL

Form **4626**  
Department of the Treasury  
Internal Revenue Service

Alternative Minimum Tax - Corporations

OMB No 1545-0123

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

Name <b>MAKE-A-WISH OF NEW HAMPSHIRE, INC.</b>		Employer identification number <b>02-0405369</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b> 0.
<b>2</b>	<b>Adjustments and preferences:</b>	
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>
<b>e</b>	Adjusted gain or loss	<b>2e</b>
<b>f</b>	Long-term contracts	<b>2f</b>
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>
<b>k</b>	Loss limitations	<b>2k</b>
<b>l</b>	Depletion	<b>2l</b>
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>
<b>n</b>	Intangible drilling costs	<b>2n</b>
<b>o</b>	Other adjustments and preferences	<b>2o</b>
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>	
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b>
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>
<b>e</b>	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>4e</b> 0.
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b> 0.
<b>6</b>	Alternative tax net operating loss deduction. See instructions	<b>6</b>
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
<b>a</b>	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8a</b>
<b>b</b>	Multiply line 8a by 25% (0.25)	<b>8b</b>
<b>c</b>	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8c</b>
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>
<b>10</b>	Multiply line 9 by 20% (0.20)	<b>10</b>
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	<b>11</b>
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b> Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		<b>1</b>	0.
<b>2</b> ACE depreciation adjustment:			
<b>a</b> AMT depreciation	<b>2a</b>		
<b>b</b> ACE depreciation:			
<b>(1)</b> Post-1993 property	<b>2b(1)</b>		
<b>(2)</b> Post-1989, pre-1994 property	<b>2b(2)</b>		
<b>(3)</b> Pre-1990 MACRS property	<b>2b(3)</b>		
<b>(4)</b> Pre-1990 original ACRS property	<b>2b(4)</b>		
<b>(5)</b> Property described in sections 168(f)(1) through (4)	<b>2b(5)</b>		
<b>(6)</b> Other property	<b>2b(6)</b>		
<b>(7)</b> Total ACE depreciation. Add lines 2b(1) through 2b(6)	<b>2b(7)</b>		
<b>c</b> ACE depreciation adjustment. Subtract line 2b(7) from line 2a		<b>2c</b>	
<b>3</b> Inclusion in ACE of items included in earnings and profits (E&P):			
<b>a</b> Tax-exempt interest income	<b>3a</b>		
<b>b</b> Death benefits from life insurance contracts	<b>3b</b>		
<b>c</b> All other distributions from life insurance contracts (including surrenders)	<b>3c</b>		
<b>d</b> Inside buildup of undistributed income in life insurance contracts	<b>3d</b>		
<b>e</b> Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	<b>3e</b>		
<b>f</b> Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		<b>3f</b>	
<b>4</b> Disallowance of items not deductible from E&P:			
<b>a</b> Certain dividends received	<b>4a</b>		
<b>b</b> Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(4)(A), Dec 19, 2014, 128 Stat 4043)	<b>4b</b>		
<b>c</b> Dividends paid to an ESOP that are deductible under section 404(k)	<b>4c</b>		
<b>d</b> Nonpatronage dividends that are paid and deductible under section 1382(c)	<b>4d</b>		
<b>e</b> Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	<b>4e</b>		
<b>f</b> Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		<b>4f</b>	
<b>5</b> Other adjustments based on rules for figuring E&P:			
<b>a</b> Intangible drilling costs	<b>5a</b>		
<b>b</b> Circulation expenditures	<b>5b</b>		
<b>c</b> Organizational expenditures	<b>5c</b>		
<b>d</b> LIFO inventory adjustments	<b>5d</b>		
<b>e</b> Installment sales	<b>5e</b>		
<b>f</b> Total other E&P adjustments. Combine lines 5a through 5e		<b>5f</b>	
<b>6</b> Disallowance of loss on exchange of debt pools		<b>6</b>	
<b>7</b> Acquisition expenses of life insurance companies for qualified foreign contracts		<b>7</b>	
<b>8</b> Depletion		<b>8</b>	
<b>9</b> Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		<b>9</b>	
<b>10</b> Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		<b>10</b>	

AMENDED RETURN - SECTION 512(a)(7) REPEAL

MAKE-A-WISH OF NEW HAMPSHIRE, INC.

EIN: 02-0405369

Form 990-T

SECTION 512(a)(7) REPEAL

Statement 1

THE TAXPAYER IS FILING AN AMENDED FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, TO CLAIM A REFUND OF UNRELATED BUSINESS INCOME TAX PAID ON THE TAXPAYER'S 2017 FORM 990-T. THE TAXPAYER IS FILING AN AMENDED FORM 990-T DUE TO REPEAL OF SECTION 512(a)(7), INCREASE IN UNRELATED BUSINESS INCOME BY DISALLOWED FRINGES. THE FOLLOWING LINES OF THE FORM 990-T CHANGED DUE TO THE REPEAL OF SECTION 512(a)(7):

	AS ORIGINALLY FILED	AS AMENDED
LINE 12: OTHER INCOME	3,360	-
LINE 13: TOTAL	3,360	-
LINE 30: UBTI BEFORE NOL DEDUCTION	3,360	-
LINE 32: TOTAL UBTI BEFORE SPECIFIC DEDUCTION	3,360	-
LINE 33: SPECIFIC DEDUCTION	1,000	1,000
LINE 34: UNRELATED BUSINESS TAXABLE INCOME	2,360	-
LINE 35: ORGANIZATIONS TAXABLE AS CORPORATIONS	448	-
LINE 44: TOTAL TAX	448	-
LINE 45C: TAX DEPOSITED WITH FORM 8868	1,600	1,600
LINE 45G: OTHER CREDITS AND PAYMENTS	-	-
LINE 46: TOTAL PAYMENTS	1,600	1,600
LINE 48: TAX DUE	-	-
LINE 49: OVERPAYMENT	1,152	1,600
LINE 50: CREDITED TO 2018 ESTIMATED TAX	1,152	1,152
LINE 50: REFUNDED	-	448