

July 17, 1999

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

RE: Form 1023 for Angelwish, Inc.  
Expeditious handling request

Ladies and Gentlemen:

Enclosed is an exemption application, Form 1023, for the above foundation. Also, enclosed is a check in the amount of \$500.00 for the user fee requirements under Form 8718.

The organization's mission is to fulfill the wishes of underprivileged children and HIV/AIDS-stricken children and families by utilizing the Internet as its medium. The organization will post wishes on its website for the public to view and grant by mailing a requested item, purchasing it through an on-line affiliate, or by making an on-line donation with a credit card. Angelwish will reach would-be donors and volunteers and offer them an efficient, expedient way to help those who are less fortunate.

We request expeditious handling of this matter, because we would like to fulfill the children's wishes in time for the 1999 holiday season. If you have any questions, please call me at 973-236-5027 or Mary Dressendofer at 908-206-1978.

Thank you for your consideration and attention in this matter.

Sincerely,



Shimul Mehta

Form **8718**

(Rev. January 1998)

Department of the Treasury  
Internal Revenue Service**User Fee for Exempt Organization  
Determination Letter Request**▶ Attach this form to determination letter application.  
(Form 8718 is NOT a determination letter application.)

For IRS Use Only

Control number \_\_\_\_\_

Amount paid \_\_\_\_\_

User fee screener \_\_\_\_\_

1 Name of organization  
**Angelwish, Inc.**2 Employer Identification Number  
**22-3658778****Caution:** Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.**3 Type of request**

Fee

a ☐ Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years . . . ▶ **\$150**

**Note:** If you checked box 3a, you must complete the Certification below.**Certification**I certify that the annual gross receipts of **ANGELWISH, INC.**

name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶ **Shimul Mehta**Title ▶ **President**b ☒ Initial request for a determination letter for:

- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
- A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years . . . ▶ **\$500**

c ☐ Group exemption letters . . . ▶ **\$500****Instructions**

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 90-8, 1998-1, I.R.B. 225.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Send the determination letter application and Form 8718 to:

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011

SHIMUL N. MEHTA 48 ARTHUR DRIVE RUTHERFORD, NJ 07070		55-7265-832 212 383426411 DATE <b>7/16/99</b>	170
PAY TO THE ORDER OF <b>Internal Revenue Service</b>		<b>\$ 500.00</b>	
<b>Five hundred dollars only</b>		DOLLARS	
CITIBANK® CITIBANK, F.S.B. NEW JERSEY BR. #032 4 SYLVAN WAY PARLISSE PARK, NJ 07054			
MEMO <b>Angelwish - 1023/8718 Fee</b>		<b>Shimul Mehta</b>	
⑆021272655⑆ 383426411⑆ 0170⑆			

**Form 1023**  
(Rev. September 1998)  
Department of the Treasury  
Internal Revenue Service

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Complete the Procedural Checklist on page 8 of the instructions.

## Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) <b>Angelwish, Inc.</b>		2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions.) <b>22-3658778</b>
1b c/o Name (if applicable) <b>Harvard Business Services, Inc.</b>		3 Name and telephone number of person to be contacted if additional information is needed <b>Shimul Mehta (201) 438-5829</b>
1c Address (number and street) <b>25 Greystone Manor</b>	Room/Suite	
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 3. <b>Lewes, DE 19958-9776</b>		4 Month the annual accounting period ends <b>12/31</b>
1e Web site address <b>www.angelwish.org</b>		5 Date incorporated or formed <b>6/1/99</b>
7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.		6 Check here if applying under section: a <input type="checkbox"/> 501(a) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> (501)(k) d <input type="checkbox"/> 501(n)
8 Is the organization required to file Form 990 (or Form 990-EZ)? ..... <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach an explanation (see page 3 of the Specific Instructions).		
9 Has the organization filed Federal income tax returns or exempt organization information returns? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.		

10 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See Specific Instructions for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a ☒ Corporation — Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b ☐ Trust — Attach a copy of the Trust indenture or Agreement, including all appropriate signatures and dates.
- c ☐ Association — Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☒

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please  
Sign  
Here

*Shimul Mehta*  
(Signature)

**Shimul Mehta - President**  
(Type or print name and title of authority of signer)

**7/16/99**  
(Date)

For Paperwork Reduction Act Notice, see page 7 of the instructions.

Form 1023 (Rev. 9-98)

**Part II Activities and Operational Information**

- 1 Provide a detailed narrative description of all the activities of the organization — past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.
- See Statement 1.

- 2 What are or will be the organization's sources of financial support? List in order of size. Individual donations, corporate donations, estate distributions, and foundation grants.

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support. Individual contacts and selective mailings. The organization is in the planning phases and will seek a consultant to assist in fundraising activities. Any fundraising contracts will be at fair market value.

Form 1023 (Rev. 9-98)

**Part II** Activities and Operational Information (Continued)**4** Give the following information about the organization's governing body:

**a** Names, addresses, and titles of officers, directors, trustees, etc.  
 Shimul Mehta-48 Arthur Dr., Rutherford, NJ 07070 (President)  
 Mary Dressendofer-2676 Killian Pl., Union, NJ 07083 (Vice President)  
 Jeanine Carey-73 Cedar Road, East Northport, NY 11731 (Secretary)  
 Sanaz Hojreh-9 Birchwood Dr., Livingston, NJ 07039 (Treasurer)

**b** Annual compensation  
 None  
 None  
 None  
 None

- c** Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? ☐ Yes ☒ No  
 If "Yes," name those persons and explain the basis of their selection or appointment.

- d** Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part II, Line 4d, on page 3.) ☐ Yes ☒ No  
 If "Yes," explain.

- 5** Does the organization control or is it controlled by any other organization? ☐ Yes ☒ No  
 Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? ☐ Yes ☒ No  
 If either of these questions is answered "Yes," explain.

- 6** Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? ☐ Yes ☒ No  
 If "Yes," explain fully and identify the other organizations involved.

- 7** Is the organization financially accountable to any other organization? ☐ Yes ☒ No  
 If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

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**Part II** Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."  
N/A.

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? ☐ Yes ☒ No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? ☐ Yes ☒ No

b Is the organization a party to any leases? ☐ Yes ☒ No  
If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization? ☐ Yes ☒ No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

c What benefits do (or will) the members receive in exchange for their payment of dues?

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? ☐ N/A ☐ Yes ☒ No  
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? ☐ N/A ☒ Yes ☐ No

If "Yes," explain how the recipients or beneficiaries are or will be selected.  
Services will benefit children's families dealing with HIV/AIDS and the treatment centers that take care of them. Any child who is suffering from HIV/AIDS is eligible for support.

13 Does or will the organization attempt to influence legislation? ☐ Yes ☒ No  
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? ☐ Yes ☒ No  
If "Yes," explain fully.

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**Part III Technical Requirements**

- 1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? ☒ Yes ☐ No

If you answer "Yes," do not answer questions on lines 2 through 6 below.

- 2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

**Exceptions** — You are not required to file an exemption application within 15 months if the organization:

- ☐ a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See **Specific Instructions**, Line 2a, on page 4;
- ☐ b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- ☐ c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

- 3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? ☐ Yes ☐ No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

- 4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? ☐ Yes ☐ No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See **Specific Instructions**, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

- 5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? ☐ Yes ☐ No
- 6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here ☐ and attach a completed page 1 of Form 1024 to this application.

Form 1023 (Rev. 9-88)

**Part III** Technical Requirements (Continued)

7 Is the organization a private foundation?

☐ Yes (Answer question 8.)☒ No (Answer question 9 and proceed as instructed.)

8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?

☐ Yes (Complete Schedule E.)☐ No

After answering question 8 on this line, go to line 14 on page 7.

9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |                                       |  |  |
|---------------------------------------|--|--|
| a <input type="checkbox"/>            | As a church or a convention or association of churches<br>(CHURCHES MUST COMPLETE SCHEDULE A.)   | Sections 509(a)(1)<br>and 170(b)(1)(A)(i)                          |
| b <input type="checkbox"/>            | As a school (MUST COMPLETE SCHEDULE B.)  | Sections 509(a)(1)<br>and 170(b)(1)(A)(ii)                         |
| c <input type="checkbox"/>            | As a hospital or cooperative hospital service organization, or a<br>medical research organization operated in conjunction with a<br>hospital (These organizations, except for hospital service<br>organizations, MUST COMPLETE SCHEDULE C.)  | Sections 509(a)(1)<br>and 170(b)(1)(A)(iii)                        |
| d <input type="checkbox"/>            | As a governmental unit described in section 170(c)(1).   | Sections 509(a)(1)<br>and 170(b)(1)(A)(v)                          |
| e <input type="checkbox"/>            | As being operated solely for the benefit of, or in connection with,<br>one or more of the organizations described in a through d, g, h, or i<br>(MUST COMPLETE SCHEDULE D.)  | Section 509(a)(3)  |
| f <input type="checkbox"/>            | As being organized and operated exclusively for testing for public safety.   | Section 509(a)(4)  |
| g <input type="checkbox"/>            | As being operated for the benefit of a college or university that is<br>owned or operated by a governmental unit.  | Sections 509(a)(1)<br>and 170(b)(1)(A)(vi)                         |
| h <input checked="" type="checkbox"/> | As receiving a substantial part of its support in the form of<br>contributions from publicly supported organizations, from a<br>governmental unit, or from the general public.   | Sections 509(a)(1)<br>and 170(b)(1)(A)(vi)                         |
| i <input type="checkbox"/>            | As normally receiving not more than one-third of its support from<br>gross investment income and more than one-third of its support from<br>contributions, membership fees, and gross receipts from activities<br>related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)  |
| j <input type="checkbox"/>            | The organization is a publicly supported organization but is not sure<br>whether it meets the public support test of h or i. The organization<br>would like the IRS to decide the proper classification.   | Sections 509(a)(1)<br>and 170(b)(1)(A)(vi)<br>or Section 509(a)(2) |

If you checked one of the boxes a through f in question 9, go to question  
14. If you checked box g in question 9, go to questions 11 and 12.  
If you checked box h, i, or j, in question 9, go to question 10.



Form 1023 (Rev. 9-98)

**Part III** Technical Requirements (Continued)

10 If you checked box h, i, or j in question 9, has the organization completed a tax year of at least 8 months?

☐ Yes — Indicate whether you are requesting:

☐ A definitive ruling. (Answer questions 11 through 14.)

☐ An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)

☒ No — You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.

11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, attach a list for each year showing the name of the contributor, the date and the amount of the grant; and a brief description of the nature of the grant.

12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ☐ and:

a Enter 2% of line 8, column (e), Total, of Part IV-A. ....

b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 12a above.

13 If you are requesting a definitive ruling under section 509(a)(2), check here ☐ and:

a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)

b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. **Do not submit blank schedules.**)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church? .....		X	A
Is the organization, or any part of it, a school? .....		X	B
Is the organization, or any part of it, a hospital or medical research organization? .....		X	C
Is the organization a section 509(a)(3) supporting organization? .....		X	D
Is the organization a private operating foundation? .....		X	E
Is the organization, or any part of it, a home for the aged or handicapped? .....		X	F
Is the organization, or any part of it, a child care organization? .....		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.? .....		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? .....		X	I

Form 1023 (Rev. 9-98)

**Part IV Financial Data**

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From 6/1/99 to 12/31/99	(b) 1/1/2000 to 12/31/2001	(c) 1/1/2001 to 12/31/2001	(d) _____	
<b>Revenue</b>					
1 Gifts, grants, and contributions received (not including unusual grants — see page 6 of the instructions) .....	0	30,000	50,000		80,000
2 Membership fees received .....	0	0	0		0
3 Gross investment income (see instructions for definition) .....	0	1,000	5,000		6,000
4 Net income from organization's unrelated business activities not included on line 3 .....	0	0	0		0
5 Tax revenues levied for and either paid to or spent on behalf of the organization .....	0	0	0		0
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) .....	0	0	0		0
7 Other income (not including gain or loss from sale of capital assets) (attach schedule) .....	0	0	0		0
8 Total (add lines 1 through 7) .....	0	31,000	55,000		86,000
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22 .....	0	0	0		0
10 Total (add lines 8 and 9) .....	0	31,000	55,000		86,000
11 Gain or loss from sale of capital assets (attach schedule) .....	0	0	0		0
12 Unusual grants .....	0	0	0		0
13 Total revenue (add lines 10 through 12) .....	0	31,000	55,000		86,000
<b>Expenses</b>					
14 Fundraising expenses .....	0	10,000	15,000		
15 Contributions, gifts, grants, and similar amounts paid (attach schedule) .....	0	0	0		
16 Disbursements to or for benefit of members (attach schedule) .....	0	0	0		
17 Compensation of officers, directors, and trustees (attach schedule) .....	0	0	0		
18 Other salaries and wages .....	0	0	0		
19 Interest .....	0	2,000	3,000		
20 Occupancy (rent, utilities, etc.) .....	0	0	0		
21 Depreciation and depletion .....	0	0	0		
22 Other (attach schedule) .....	0	0	0		
23 Total expenses (add lines 14 through 22) .....	0	22,000	38,000		
24 Excess of revenue over expenses (line 13 minus line 23) .....	0	9,000	17,000		

Form 1023 (Rev. 9-98)

**Part IV** Financial Data (Continued)**B. Balance Sheet (at the end of the period shown)**Current tax year  
Date 12/31/99

Assets		
1	Cash .....	0
2	Accounts receivable, net .....	0
3	Inventories .....	0
4	Bonds and notes receivable (attach schedule) .....	0
5	Corporate stocks (attach schedule) .....	0
6	Mortgage loans (attach schedule) .....	0
7	Other investments (attach schedule) .....	0
8	Depreciable and depletable assets (attach schedule) .....	0
9	Land .....	0
10	Other assets (attach schedule) .....	0
11	<b>Total assets</b> (add lines 1 through 10) .....	0
<b>Liabilities</b>		
12	Accounts payable .....	0
13	Contributions, gifts, grants, etc., payable .....	0
14	Mortgages and notes payable (attach schedule) .....	0
15	Other liabilities (attach schedule) .....	0
16	<b>Total liabilities</b> (add lines 12 through 15) .....	0
<b>Fund Balances or Net Assets</b>		
17	<b>Total fund balances or net assets</b> .....	0
18	<b>Total liabilities and fund balances or net assets</b> (add line 16 and line 17) .....	0

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation. ☐

**STATEMENT 1 – Form 1023: Part II(1) Activities and Operational Information**

**Focus:** Angelwish will conduct the following activities:

***Internet Gift Donation-*** Angelwish will fulfill the wishes of underprivileged children and HIV/AIDS-stricken children and families by utilizing the Internet as its medium. The organization will post wishes on its website for the public to view and grant by mailing a requested item, purchasing it through an on-line affiliate, or by making an on-line donation with a credit card. Visitors to the website would also be able to inform Angelwish of any additional items they would like to donate to children's families or various tax-exempt AIDS treatment centers, for which Angelwish will act as an intermediary by granting the wishes of their patients. AIDS treatment centers are constantly challenged to recruit volunteers and secure funding. Angelwish believes it can be instrumental in helping centers to achieve such goals. By tapping into the universality and convenience of the Internet, Angelwish will reach would-be donors and volunteers and offer them an efficient, expedient way to help those who are less fortunate. The organization expects to spend 75% of its time on its Internet gift-giving and wish-granting efforts.

***External Activities-*** Angelwish will also organize quarterly, local volunteer events. The organization will devote the remaining 25% of its energies to these events, which will include but not be limited to: golf and miniature golf outings, walk-a-thons, fundraising dinners, computer drives, library drives and toy drives to benefit children and families dealing with HIV/AIDS.

Initially, Angelwish will promote itself and its cause through user and volunteer word-of-mouth, advertising, e-mail newsletters and website "banner advertising."

Form **872-C**

(Rev. September 1998)

Department of the Treasury  
Internal Revenue Service**Consent Fixing Period of Limitation Upon  
Assessment of Tax Under Section 4940 of the  
Internal Revenue Code**

(See instructions.)

OMB No. 1545-0056

To be used with  
Form 1023. Submit  
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Angelwish, Inc.

(Exact legal name of organization as shown in organizing document)

25 Greystone Manor, Lewes, DE 19958-9776

(Number, street, city or town, state, and ZIP code)

and the

District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year 12/31/99  
(Month, day, and year)

Name of organization (as shown in organizing document)

Angelwish, Inc.

Date

7/16/99

Officer or trustee having authority to sign

Signature ▶

Shimul Mehta

Type or print name and title  
Shimul Mehta  
President

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Date

By ▶

For Paperwork Reduction Act Notice, see page 7 of the Form 1023 instructions.

ISA  
STF FED1585F

Form **872-C**

(Rev. September 1998)

Department of the Treasury  
Internal Revenue Service**Consent Fixing Period of Limitation Upon  
Assessment of Tax Under Section 4940 of the  
Internal Revenue Code**

(See instructions.)

OMB No. 1545-0056

To be used with  
Form 1023. Submit  
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Angelwish, Inc.

(Exact legal name of organization as shown in organizing document)

25 Greystone Manor, Lewes, DE 19958-9776

(Number, street, city or town, state, and ZIP code)

and the

District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year 12/31/99

(Month, day, and year)

Name of organization (as shown in organizing document)

Angelwish, Inc.

Date

7/16/99

Officer or trustee having authority to sign

Type or print name and title  
Shimul Menta  
President

Signature ▶

Shimul Menta**For IRS use only**

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Date

By ▶

For Paperwork Reduction Act Notice, see page 7 of the Form 1023 instructions.

ISA  
STF FED1585F