TAX RETURN FILING INSTRUCTIONS

FORM 990

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

AUGUST 31, 2020

PREPARED FOR:

MAKE-A-WISH FOUNDATION OF CONNECTICUT INC. 56 COMMERCE DRIVE TRUMBULL, CT 06611

PREPARED BY:

DELOITTE TAX LLP TWO JERICHO PLAZA JERICHO, NY 11753

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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Form 990
(Rev. January 2020)
Department of the Treasury Internal Bevenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



A For the 2019 calendar year, or tax year beginning SEP 1 2019 and ending AUG 31, 2020 Check if applicable: D Employer identification number В C Name of organization MAKE-A-WISH FOUNDATION OF CONNECTICUT Address change TNC Name 22-2710919 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 56 COMMERCE DRIVE 203-261-9044 6,635,100. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended TRUMBULL, CT 06611 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAMELA KEOUGH Yes 🛛 No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: CT.WISH.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1986 M State of legal domicile: CT Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0. 1 Activities & Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 22 4 4 19 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 350 6 6 Ο. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39 7b Ο. **Prior Year** Current Year 4,812,426. 5,394,431. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,200. 600 9 Program service revenue (Part VIII, line 2g) 321,491 267,747. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -41.897 -40,665. 11 5 093 220 5 622 113. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,039,357 1,014,656. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,647,203. 1,728,267. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 37 775. 19 900. 849,762. **b** Total fundraising expenses (Part IX, column (D), line 25) 875,545. 1,160,596. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,599,880. 3,923,419. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 493,340. 1,698,694. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year P 7,558,608. 12,273,457. 20 Total assets (Part X, line 16) 539,164. 3,342,399. 21 Total liabilities (Part X, line 26) let 7,019,444. 8,931,058. Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block

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.

Sign	gn Signature of officer Date							
Here	PAMELA KEOUGH, PRESIDENT & CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	CHRISTINE KAWECKI	Unthemecke	4/29/2021 self-em	ployed P00743140				
Preparer	Firm's name DELOITTE TAX LLP		Firm's EIN	86-1065772				
Use Only	Firm's address 👞 TWO JERICHO PLAZA							
	JERICHO, NY 11753 Phone no.516-91							
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No				
932001 01-2	Barry 1 11-20-20 LHA For Paperwork Beduction Act Notice see the separate instructions Form 990 (2019)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	MAKE-A-WI	SH FOUNDATION OF CONNECTICUT		
Form	990 (2019) INC.		22-271	0919 Page 2
Pa	t III Statement of Program S	-		
				X
1	Briefly describe the organization's miss		TING WIGHES	
	FOR CHILDREN WITH CRITICAL I	F CONNECTICUT CREATES LIFE-CHAN	JING WISHES	
2	Did the organization undertake any sic	nificant program services during the year v	which were not listed on the	
2				Yes X No
	If "Yes," describe these new services of			
3			nducts, any program services?	Yes X No
-	If "Yes," describe these changes on So			
4			e largest program services, as measured by	/ expenses.
•			f grants and allocations to others, the total e	
	revenue, if any, for each program servi		g, ,	
4a	(Code:) (Expenses \$	2,576,114. including grants of \$	1,014,656.) (Revenue\$	600.)
	SEE SCHEDULE O.			/
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			. <i></i>	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	h	2,576,114.	, (1010100 ¢	/
		, ,		000

Form	<u>990 (2019)</u> INC. 22-271091	.9	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

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Form **990** (2019)

		2710919	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		N.	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes." <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	000		x
h	"Yes," complete Schedule L, Part IV			x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>			<u> </u>
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	ion?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
I'd	Check if Schedule O contains a reapaged or note to any line in this Batt V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	41	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
D D				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

TNO	

INC.

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22 2/10/10	Pade •

Part V Statements Regarding Other IRS Flings and Tax Compliance (continued) 2a Ear the number of employees reported on From V43, Transmittal of Wage and Tax Statements, 1 1 2a Ear the number of employees reported on From V43, Transmittal of Wage and Tax Statements, 2 1 3b Bit a teast one is reported on line 2a, did the organization file all required tedefal employment tax roturns? 2b X 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X 34 Dd the organization have unrelated business gross income of \$1,000 or more during the part of the authority over, a financial account? 3a X 34 Dd the organization have unrelated business gross income of \$1,000 or more during the tax year? 3a X 34 Dd the organization in the value of the organization file the organization for the organization action tax the organization action tax the analysis and Financial account? 4a X 35 Wast the organization file the value of the organization file the value of the organization state control tax to a partitication state control tax deductible and the account is account of the degradian tax the organization state control tax to a partitication state control tax deductible and analtale controlution? 5c 5c 35 Dd the organization induce with every solicitation an express statement that such contributions of the apart of the solicitation and expresson tax tono organization stax tax deductible and proceed tax tha	Form	990 (2019) INC. 22-271091	.9	Р	age 5	
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 13 13 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Mote: If the sum of lines 1 and 2a is greate than 250, you may be required to etheral employment tax returns? 3a X B Ott the organization have intraction have on these things the year? 3a X B TYes, ' mast If field a form 990 Tor this year, of the organization have an interest in, or a signature or other authority over, a financial account is a foreign country way, and the organization have an therest in, or a signature or other authority over, a financial account is prohibited tax sheller transaction and y time during the tax year? 5a X B If Yes, ' instantion a party to organization have an tax y time during the tax year? 5a X B Debt organization a party to organization a signaty to a prohibited tax sheller transaction and tax year? 5b 5c 5c B If Yes, ' indit the arganization file all waves or organization ansite were not tax deductible? 5b 5c 7c B If Yes, ' indit the arganization file B Yes indication results organization an expression taxing or orbited tax before than year. 7a X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Interface Image: Table and the origination of all regulation for all regulation as desired for all regulations and the origination for the second system of the second system of the second system of the regulation of a second system of the origination for the second system of the regulation of a Schedule on Schedule on the second system of the regulation on Schedule on the submitty over, a difference on the second system of the regulation on Schedule on the submitty over, a difference on the second system of the regulation on Schedule on the submitty over, a difference on the second system of the function accounts (FBAR). 20 X 64 At any time during the cales of the origin country but and a bin the account, second system framedial Accounts (FBAR). 4a X 75 Was the origination the arrow origin the second system of the random system origin the second system of the random system origin the second system or second sys				Yes	No	
b If at least one is reported on line 2a, did the organization file all required lederal employment tax returns? 26 X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a X b If "Yes," has it filed a form 900 T for the yar? 3b X d At any time during the calandy year, dith organization have an interest in, or a signature or other authority over, a financial accountly requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Se X See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Se X B If "Yes," in the Ga Saro 5D, diff the organization have hard transaction at any time during the tax year? Se X B If any taxable part youtly the organization from 886.77 Se X Se X B If "Yes" in the organization applic them 886.00, and diff the organization solicit any combibilitied tax shelter transaction? Se X B If "Yes" indicate the number of the wall of the goal case on indicate the solution? Se X B If "Yes" indicate the organization neidle with wear on the wall of the goal case sarkees provided? To X C Organization neave wall wall wall contificuation?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you fue (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you fue (see instructions) Image: The sum of lines 1a and 2a is greater than 3100,000, and did the organization solid any contributions that we are a calculate and contributions? Image: The sum of the greater than 3100,000, and did the erganization solid any contribution and sum of the greater than 3100,000, and did the erganization solid any contribution and sum of the sum		filed for the calendar year ending with or within the year covered by this return 2a 19				
ab Did the organization have unrelated business gross income of \$1,000 or more during the yar? 3a X bit 11 * Set, fisst field a Form 3000 for thit is year? 3b X constrained account in a foreign country (such as a bank account, securities account, or other financial account); year 3b X bit 11 * Set, financial account in the region country (such as a bank account, securities account, or other financial account); Year 3a X bit 11 * Set, financial account in the region country (such as a bank account, securities account, or other financial account); Year 5a X Set enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Us the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file from 880677 5a X 5a U * VS. file the organization include with every solication an express statement that such contributions or gifts were not tax deductible as chartable contributions under section 170(c). 8b X 6a U * VS. file the organization include with every solication account solicatio account solicatio account solication account solication account	b	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
b If "Yes," has it filed a Form 990 T for this year? If "No" to line 30, provide an explanation on Schedule O 30 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transaction or tomer functional accounts? 4a X b If "Yes," enter the name of the foreign country [such as a bank account, socurities account or other functional accounts? 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5D Did any taxable party notify the organization that two or is a party to a prohibited tax shelter transaction? 5a X 6D Does the organization and argo scelepits that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax deductible as charitable contributions? 5a X 7 Organization taxies apartition next express statement that such contributions or gifts were not tax deductible contribution an express statement that such contributions or gifts were not tax deductible contribution an express statement that such contractic? 7b X 10 Hot erganization netwise apartition is the any premiums on a personal benefit contract? 7b X 10 Lot the organization netwise adjoese of tangble personal property for which it was required to the solution of quarks any lanes, directly or indirectly, in aparty premiumas on a personal benefit contract? 7c </th <th></th> <th>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</th> <th></th> <th></th> <th></th>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other sutherly over, a financial accountil; a countil; counting or outhy (but has a bank account, securities account, or other financial account); 4a X b If "Yes," enter the name of the forsign country b	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x	
fnancial account in a foreign country (such as a bark account, securities account, or other financial account)? 4a X b if 'Yes,' enter the name of the foreign country . See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See 5a Was the organization are any to a prohibited tax shelt transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that twas or is a party to a prohibited tax shelt transaction? 5c X c If 'Yes,' did the organization include with every solicitation an express statement that such contributions could the organization noted with every solicitation an express statement that such contributions or gifts were not tax deductible or this with every solicitation an express statement that such contributions or gifts 6b 7a X 7b Ty'ss,' did the organization noted with every solicitation an express statement that such contributions or gifts 6b 7a X 7b Ty'ss,' did the organization notify the donor of the value of the goods or services provided? 7a X 7a X 7c Ty'ss,' did the organization neceve any funds, directly or indirectly, to pay premums on a personal benefit contract? 7c X 7d Ty'ss,' did the organization neceve any funds, directly or indinectly, to apprestum on a personal benefit contract?<	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb			
b If "Yes," enter the name of the foreign country ▶ The set instructions for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Se Was the organization a part to a prohibited tax shelter transaction? 5a X D Id any taxable party notify the organization file Form 888-7? 5a X Go Does the organization approximation that it was or is a party to a prohibited tax shelter transaction? 5c X G Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit ary contributions that were not tax deductible? 6a X D off any taxable party receive deductible contributions under section 170(c). 8b C 7a X D If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X X D If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7c X D If "Yes," indicate the number of Forms 8282 filed during the year 7d 7a X D If the organization accel accel actinitization or called personal ponet contract? 7f X X D If the organization neceive a contribution of called funds, bready or indirectly, to pay premiums on a personal benefit contract? 7f X X Te	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
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11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X	а		-			
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					<u> </u>	
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	15		15		x	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			13			
	16		16		x	

Form **990** (2019)

MAKE-A-WISH FOUNDATION OF CONNECTICU	DATION OF CONNECTICUT
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Form	990 (2019) INC.		22-271093		P	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	22			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?			<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)		X	
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
a	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
44-			o filing the form?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delor	e ming the form?	11a	А	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$			120		
C		,		12c	x	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	x	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ey in				
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{CT}					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990	-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,			
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d financ	ial	
	statements available to the public during the tax year.					

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	PAMELA KEOUGH - 203-261-9044	

56 COMMERCE DRIVE, TRUMBULL, CT 06611

Form 990 (2			Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	ghest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Γ

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	n is both an compensation		compensation	compensation	amount of
	week		cer ar I	nd a d	irecto	r/trus I	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	trust		66	npens		(W-2/1099-MISC)		organization and related
	below	dual t	ltiona		nploy	st cor	ar			organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gamzanene
(1) MICHELLE WILSON	2.00									
CHAIRPERSON		х		х				٥.	0.	0.
(2) TRACEY YURKO	2.00									
VICE CHAIR		х		х				0.	0.	0.
(3) WILLIAM FEHER	2.00									
TREASURER		х		х				0.	0.	0.
(4) TARA CARRARO	2.00									
SECRETARY		Х		х				0.	0.	0.
(5) ANU JAYANTI MILEWSKI	1.00									
DIRECTOR AS OF 7/30/20		Х						0.	0.	0.
(6) BRIAN NURSE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) BRIDGET COLABELLA	1.00									
DIRECTOR AS OF 12/5/19		Х						0.	0.	0.
(8) DAVID PRESCHLACK	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID SALINAS	1.00									
DIRECTOR THROUGH 10/8/19		Х						0.	0.	0.
(10) DR. KERRY MOSS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JEFF FUHRMAN	1.00									
DIRECTOR AS OF 2/6/20		Х						0.	0.	0.
(12) JOSH COHEN	1.00									
DIRECTOR		х						0.	0.	0.
(13) JOHN PAPA	1.00									_
DIRECTOR		х						0.	0.	0.
(14) KEVIN SINCLAIR	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(15) LIZ ANN SONDERS	1.00									
DIRECTOR THROUGH 10/8/19		Х			<u> </u>			0.	0.	0.
(16) LORI STETZ	1.00								_	<u>^</u>
DIRECTOR THROUGH 4/20/20		х			<u> </u>			0.	0.	0.
(17) MARK HAVERSAT	1.00								_	<u>^</u>
DIRECTOR		Х						0.	0.	0.

(A)	Ct VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp (A) (B) (C)						(D)	(E)	(F)	
(A) Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	(E) Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MATT CHESKY	1.00									
DIRECTOR AS OF 2/6/20		х						0.	0.	0
(19) MICHAEL DAGLIO DIRECTOR	1.00	x						0.	0.	0
(20) MICHAEL SIMPSON	1.00									
DIRECTOR THROUGH 10/14/19		х						0.	0.	0
(21) PAUL STEVELMAN	1.00									
DIRECTOR AS OF 7/30/20		х						0.	0.	0
(22) PETER ALBANO	1.00									
DIRECTOR, 2/6/20-8/30/20		х						0.	0.	0
(23) ROBIN HAYES	1.00									
DIRECTOR		х						0.	0.	0
(24) ROBYN WHITTINGHAM	1.00									
DIRECTOR		х						0.	0.	0
(25) STEVE BROWN	1.00									
DIRECTOR AS OF 12/5/19		Х						0.	0.	0
(26) STEVEN WOLOWITZ	1.00									
DIRECTOR		Х						0.	0.	0
1b Subtotal								0.	0.	0
c Total from continuation sheets to P	art VII, Section A							559,452.	0.	44,562
d Total (add lines 1b and 1c)				<u></u>	<u></u>			559,452.	0.	44,562
2 Total number of individuals (including compensation from the organization		ose	liste	d ab	ove) wh	o ree	ceived more than \$100,	000 of reportable	

3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BISMARK CONSTRUCTION		
100 BRIDGEPORT AVE, MILFORD, CT 06460	BUILDING CONSTRUCTION	463,975.
BAVIER DESIGN, LLC		
277 ROWAYTON AVE, ROWAYTON, CT 06853	ARCHITECTURAL DESIGN	292,085.
HYS LIMOUSINE WORLDWIDE		
480 ISLAND LN, WEST HAVEN, CT 06516	TRANSPORTATION FOR WISHES	101,922.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization		

х

orm 990 INC. Part VII Section A Officers Directors Tri	22-2710919											
Part VII Section A. Officers, Directors, Tru (A)	ustees, Key Er (B)	npic	yee		<u>nd F</u> C)	ligh	est (Compensated Employe (D)	(F)			
(A) Name and title					. ition			(D) Reportable	(E)	(r) Estimated		
Name and the	Average hours	(c	heck				۱v)	compensation	Reportable compensation	amount of		
	per		T			app I	iy)	from	from related other			
	week					66		the	organizations	compensatior		
	(list any	ctor				ploy		organization	(W-2/1099-MISC)	from the		
	hours for	direc				ed en		(W-2/1099-MISC)	(organization		
	related	ee or	Istee			n sate				and related		
	organizations	Individual trustee or director	Institutional trustee		o yee	Highest com pen sated em ployee				organizations		
	below	ridual	tutior	er	Key employee	est c	ıer					
	line)	Indiv	Insti	Officer	Key	High	Former					
27) THOMAS SPEIGHT	1.00											
IRECTOR		х						0.	0.			
28) PAMELA KEOUGH	40.00											
RESIDENT & CEO				X				208,685.	0.	18,82		
29) CATHY LAPORTA	40.00											
HIEF OPERATING OFFICER				х				105,787.	0.	11,56		
30) KIM PUGH	40.00	1										
AJOR GIFTS OFFICER						X		112,368.	0.	9,49		
31) TARA NAVARA	40.00							120 (10		1 60		
HIEF DEVELOPMENT OFFICER						X		132,612.	0.	4,68		
		1										
			-									
			-	-		-						
		1										
								1				

		Obach is Oale and the	o c - 1		-	or pote to any P	in this David 1/00			
		Check if Schedule O	<u>conta</u>	ains a respo	nse	or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excl from tax un sections 512
ş	1 a	Federated campaigns		1a		3,166.				
and Other Similar Amounts	b	Membership dues		1b						
Ĭ	с	Fundraising events		1c		771,390.				
ar /		Related organizations								
m	е	Government grants (conti	ributi	ons) 1e						
S	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	d abov	/e 1 f		4,619,875.				
0 P	g	Noncash contributions included in	lines [·]	1a-1f 1g \$	5	330,100.				
an	h	Total. Add lines 1a-1f				>	5,394,431.			
						Business Code				
	2 a	WISH ASSIST FEES				900099	600.	600.		
e	b									
enu	с					ļ				
Revenue	d									
-	е									
		All other program service								
		Total. Add lines 2a-2f					600.			
	3	Investment income (inclue	•							
		other similar amounts)					240,040.			240,
	4	Income from investment of				· · -				
	5	Royalties								
				(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss	s) <u>.</u>	(i) Securit						
	7 a	Gross amount from sales of	_			(ii) Other				
		assets other than inventory	7a	751,5	23.					
	D	Less: cost or other basis		723,5	76	240.				
	_	and sales expenses	7b 7c	· · · · ·						
3		Gain or (loss)		· · ·			27,707.			27,
		Net gain or (loss)			. <u></u>		27,707.			<u> </u>
	8 a	Gross income from fundraisi								
1		including \$ contributions reported on								
		-			8a	248,506.				
	h	Part IV, line 18			8b					
		Net income or (loss) from				▶	-40,665.			-40,
		Gross income from gamir					,			,
	. u	Part IV, line 19	-		9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from				<u> </u>				
		Gross sales of inventory,	-	-						
	u	and allowances			10a					
	b	Less: cost of goods sold			101					
		Net income or (loss) from				· • • •				
╈			2410		J	Business Code				
	11 a									
Revenue	b									
SVe	c									
Å		All other revenue								
1			• • • • • • • •			·		1		

Form 990 (2019) INC.
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all co	Numps All other ergenizations must complete column (A)
Section 50 (C)(S) and 50 (C)(4) organizations must complete an CC	Jumis. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic	1 014 656	1 014 656		
individuals. See Part IV, line 22	1,014,656.	1,014,656.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
 4 Benefits paid to or for members 5 Compensation of current officers, directors, 				
5 Compensation of current officers, directors, trustees, and key employees	354,543.	194,289.	47,155.	113,099.
6 Compensation not included above to disqualified				,
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,116,969.	612,099.	148,557.	356,313,
 8 Pension plan accruals and contributions (include 				, – – –
section 401(k) and 403(b) employer contributions)	31,366.	17,189.	4,171.	10,006.
9 Other employee benefits	111,627.	61,172.	14,846.	35,609.
10 Payroll taxes	113,762.	62,342.	15,130.	36,290.
11 Fees for services (nonemployees):	,	,	,	
a Management	21,936.	10,037.	2,745.	9,154.
b Legal				·
c Accounting	105,772.	7,128.	84,495.	14,149.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	19,900.			19,900.
f Investment management fees	30,275.		30,275.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	149,546.	72,583.	45,824.	31,139.
12 Advertising and promotion	415.			415.
13 Office expenses	175,393.	93,433.	28,285.	53,675.
14 Information technology	54,352.	29,475.	6,973.	17,904.
15 Royalties				
16 Occupancy	93,340.	50,877.	12,847.	29,616.
17 Travel	18,448.	6,943.	4,069.	7,436.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,711.	5,525.	2,347.	17,839.
20 Interest	35,680.	19,553.	4,745.	11,382.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,947.	39,427.	9,569.	22,951.
23 Insurance	572.	313.	77.	182.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a NATIONAL DUES	351,823.	277,940.	35,182.	38,701.
b MERCHANT FEES	14,315.			14,315.
c BAD DEBT EXPENSE	6,500.			6,500.
d MEMBERSHIP DUES	4,571.	1,133.	251.	3,187.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,923,419.	2,576,114.	497,543.	849,762.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure if following SOP 98-2 (ASC 958-720)				Form 990 (2019

Par		Balance Sheet					2710919 Page 1	
		Check if Schedule O contains a response or not	e to any line	e in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			54,906.	1	602,203	
	2	Savings and temporary cash investments		611,874.	2	713,187		
	3	Pledges and grants receivable, net			401,115.	3	898,092	
	4	Accounts receivable, net			117.	4	1,244	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of thes			5			
	6	Loans and other receivables from other disqualit						
		under section 4958(f)(1)), and persons described		6				
s	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			2,640.	8	1,889	
As	9				159,630.	9	116,0	
		Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	5,753,692.				
	b	Less: accumulated depreciation		167,141.	2,419,899.	10c	5,586,551	
	11	Investments - publicly traded securities			3,700,456.	11	4,091,010	
	12	Investments - other securities. See Part IV, line 1	· ·	12	· · ·			
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		207,971.	15	263,246		
	16	Total assets. Add lines 1 through 15 (must equa			7,558,608.	16	12,273,457	
	17	Accounts payable and accrued expenses		514,767.	17	451,498		
	18	Grants payable			18			
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete I				21		
	22	Loans and other payables to any current or form						
ue:		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of the		22				
Г	23	Secured mortgages and notes payable to unrela	-	arties		23		
	24	Unsecured notes and loans payable to unrelated	•			24	280,800	
	25	Other liabilities (including federal income tax, pa	•	·····			·	
		parties, and other liabilities not included on lines						
		of Schedule D	,		24,397.	25	2,610,101	
	26	Total liabilities. Add lines 17 through 25			539,164.	26	3,342,399	
		Organizations that follow FASB ASC 958, che	ck here	X			· ·	
es		and complete lines 27, 28, 32, and 33.						
anc	27				6,088,245.	27	7,417,190	
Sale	28	Net assets with donor restrictions			931,199.	28	1,513,868	
		Organizations that do not follow FASB ASC 9					· · ·	
5		and complete lines 29 through 33.	.,					
Б	29	Capital stock or trust principal, or current funds				29		
ets	30	Paid-in or capital surplus, or land, building, or ec			30			
ASS	31	Retained earnings, endowment, accumulated in				31		
Net Assets or Fund Balances	32	Total net assets or fund balances			7,019,444.	32	8,931,058	
z	33	Total liabilities and net assets/fund balances			7,558,608.	33	12,273,457	

	MAKE-A-WISH FOUNDATION OF CONNECTICUT				
	n 990 (2019) INC.	22-27109	19	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,	622,	113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	923,	419.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	698,	694.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,019,444		
5	Net unrealized gains (losses) on investments	5		154,	966.
6	Donated services and use of facilities	6		50,	025.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		7,	929.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,	931,	058.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEE	DULE A		Dublia Cha	rity Status an	d Dub	lia Qu	innort		OMB No. 1545-0047
(Form 99	90 or 990-EZ)			rity Status an					2010
				ization is a section 501 47(a)(1) nonexempt cha			or a section		ZU 19
	of the Treasury			Attach to Form 990 or F					Open to Public
Internal Rever	nue Service		► Go to www.irs.gov	/Form990 for instruction	ons and th	ie latest ii	nformation.		Inspection
Name of t	the organizati	ON MAKE-A	-WISH FOUNDATIC	N OF CONNECTICUT				Employer	identification number
		INC.							22-2710919
Part I	Reason	for Public (Charity Status	All organizations must co	omplete thi	is part.) Se	e instruction	S.	
The organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)			
1	A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)([.]	I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	ə:							
5	•	•		llege or university owned	l or operate	ed by a go	overnmental u	nit describe	d in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
	university:								
10				than 33 1/3% of its supp					
	activities rela	ted to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment
				(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
			mplete Part III.)						
11	•	-	-	vely to test for public sat	•				
12	•	-	-	vely for the benefit of, to	-			-	-
			-	d in section 509(a)(1) o					heck the box in
_	-	•	• •	f supporting organizatior	-			-	
a 🔄			-	upervised, or controlled	• • • •	-			
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
	¬ ~		complete Part IV, Se					··· (-)	·
b 🔽			•	or controlled in connect			0		•
		-		anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	orted
			t complete Part IV,						alitha
с 🗌				g organization operated				lly integrate	a with,
a [-). You must complete I				uted exampin	ation(a)
d		-	• •	orting organization oper				· ·	
		-		ation generally must sat nplete Part IV, Sections	-		-	analleniiv	eness
e				written determination from					
e		-		nally integrated supporti			турет, туре	п, туре ш	
f Ente	er the number					alion.			
			about the supporte	d organization(s)					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization	I.		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Schedule A (Form 990 or 990 EZ) 2019 INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,188,921.	4,503,060.	4,938,566.	4,812,426.	5,394,431.	23,837,404.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,188,921.	4,503,060.	4,938,566.	4,812,426.	5,394,431.	23,837,404.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,006,499.
	Public support. Subtract line 5 from line 4.						22,830,905.
	ction B. Total Support	,		T			
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	4,188,921.	4,503,060.	4,938,566.	4,812,426.	5,394,431.	23,837,404.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	176,558.	187,075.	287,780.	293,805.	240,040.	1,185,258.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	385,481.	399,053.	651,645.	413,599.	248,506.	2,098,284.
	Total support. Add lines 7 through 10						27,120,946.
	Gross receipts from related activities,	,	,			12	7,584.
13	First five years. If the Form 990 is for	-	first, second, third	l, fourth, or fifth tax	year as a sectior	n 501(c)(3)	. —
<u> </u>	organization, check this box and stor	<u>) here</u>	oontago				
	ction C. Computation of Publi						04.10
	Public support percentage for 2019 (I		-			14	84.18 %
	Public support percentage from 2018					15	87.96 %
16a	33 1/3% support test - 2019. If the c			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				X
b	33 1/3% support test - 2018. If the c						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			•		0	
1-	meets the "facts-and-circumstances"	•	• •		•	To and line 1E is 1	
0	10% -facts-and-circumstances test	e e				-	
	more, and if the organization meets the						
40	organization meets the "facts-and-circ			-			
ıŏ	Private foundation. If the organizatio	л ий пог спеск а г	JUX UN IINE 13, 16a	, 100, 17a, 0r 17D,	CHECK THIS DOX a	IN SEE INSTRUCTIONS	🗖 📖

Schedule A (Form 990 or 990-EZ) 2019

22-2710919 Page **3**

	(Form 990 or 990-EZ) 2019 INC.
Part III	Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•	•	•	•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		
14	First five years. If the Form 990 is fo	-			-		
50	check this box and stop here ction C. Computation of Publi						
	· · · · · · · · · · · · · · · · · · ·			column (f))		15	04
15 16	Public support percentage for 2019 (Public support percentage from 2018		-			15 16	<u>%</u> %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2018. If the						
~~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19D, check th	ilis dox and see ins	SULTER STREET	P

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes

No

	dule A (Form 990 or 990-EZ) 2019 INC. 22	2-2710919	D	an E
	t IV Supporting Organizations (continued)	2710919	Pa	age 5
	Supporting Organizations (continued)		V.	N
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
0				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
00	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the second s	tions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a 3b		

Z) 2

MAKE-A-WISH	FOUNDATION	OF	CONNECTICUT
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Sche	edule A (Form 990 or 990-EZ) 2019 INC.	001		22-2710919 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	1 490 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 INC. t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga		22-2710919 Page 7
Sect	ion D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2019	Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u> i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Cabadula A (Faura 000 az 000 FZ) 0010 INC	22-2710919	Dara 0
Schedule A (Form 990 or 990-EZ) 2019 INC. Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17		Page 8
	a or 17b; Part III, line 12;	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 4c,	es 1 and 2; Part IV, Section	n C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	art V, Section B, line 1e; Pa	art V,
(See instructions.)	ditional information.	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
GROSS FUNDRAISING REVENUE		
2015 AMOUNT: \$ 385,207.		
2016 AMOUNT: \$ 399,053.		
2017 AMOUNT: \$ 651,645.		
2017 AMOON1: \$ 051,045.		
2018 AMOUNT: \$ 413,599.		
2019 AMOUNT: \$ 248,506.		
OTHER REVENUE		
OTHER REVENUE		
2015 AMOUNT: \$ 274.		
2016 AMOUNT: \$ 0.		
2017 AMOUNT: \$ 0.		
2018 AMOUNT: \$ 0.		
2019 AMOUNT: \$ 0.		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

Name of the organization	
M	IAK:

	MAKE-A-WISH FOUNDATION OF CONNECTICUT	
	INC.	22-2710919
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
	rganization		Employer identification number
	ISH FOUNDATION OF CONNECTICUT		22 2710010
INC.			22-2710919
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
1		\$684,.4	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$950,(Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$306,.'	746. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$305,(Person X Payroll
(a) No	(b)	(c) Total contribution	(d) s Type of contribution
5	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6		\$240,4	Person Payroll

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
	rganization		Employer identification number
MAKE-A-W	IISH FOUNDATION OF CONNECTICUT		22-2710919
	O antributan		22 2110515
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	5 Type of contribution
7		\$195,9	68. Person X 68. Noncash Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	5 Type of contribution
8		\$155,8	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	5 Type of contribution
		\$	Person Payroll On Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990	, 990-EZ, oi	r 990-PF) (2019)	
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Name of organization

MAKE-A-WISH FOUNDATION OF CONNECTICUT INC.

Employer identification number

22-2710919

(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	TRAVEL, M&E, SUPPLIES		
1			
		\$9,902.	08/31/20
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Data wasaiwa d
Part I	Description of noncash property given	(See instructions.)	Date received
	AUCTION AND WISH ITEMS		
3			
		\$1,719.	04/09/20
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(200	
6	THEME PARK TICKETS, MEALS, TRANSPORTATION		
		\$\$	08/31/20
(a)		(c)	6.9
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncesh property given	(See instructions.)	Date received
	REUSABLE WATER BOTTLES		
8			
		F 800	08/17/20
		\$5,890.	08/17/20
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti			
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		[
—			

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)				Page 4			
Name of o	rganization				Employer identification number			
MAKE-A-W	ISH FOUNDATION OF CONNECTICUT							
INC.					22-2710919			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described	d in section 50	1(c)(7), (8), or (10) t	hat total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	00 or less for th	ne year. (Enter this info. on	ce.) ▶ \$			
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from	(b) Durpage of gift	(a) Line of gift			cription of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desi	chption of now gift is neid			
		(e) Transfer o	of gift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee			
		_						
		_						
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held			
Part I								
-	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			alationshin of tra	insferor to transferee			
(a) No. from		(2) 112 2 2 (2) (1)		(-1) D				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held			
		(e) Transfer o	of gift					
			_					
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee			
		_						
		_						
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held			
Part I								
<u> </u>								
ļ		(e) Transfer o	of gift					
		(-)	U					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee			
Ī								

SCHEDULE D (rom 950) The Complete Interpretation of the organization answered Yee' or from 950, Part IV, line & 7, 8, 9, 10, 11, 11, 11, 11, 11, 11, 11, 11, 11										
Part II. Unice 6, 7, 6, 9, 6, 0, 116, 116, 116, 116, 116, 117, 126, or 126. Part II. Organization MMR-A Wisk POUNDATION OF CONNECTION Table Part II. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete fit the organization answerd "Yea" on Form 980, Part IV, line 6. Part II. Organization answerd "Yea" on Form 980, Part IV, line 6. Part II. Organization answerd "Yea" on Form 980, Part IV, line 6. Part II. Organization answerd "Yea" on Form 980, Part IV, line 6. Part II. Organization inform all donor advisors in writing that the assets held in donor advised funds are the organization inform all donor advisors in writing that the assets held in donor advised funds are the organization inform all donor advisors in writing that grant funds can be used only for charaftable purposes and not for the benefit Of the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charaftable purposes and not form the the entitient to donor advisor, or for any other purpose confirming importantial in property bubble use (for example, eccreation or education) Protection inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charaftable purposes and not prevention explores and the purpose confirming importantial to inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charaftable purposes and not prevention explores and the advisor in writing that grant funds can be used only for charaftable purposes and not prevention explores and the advisor in writing that grant funds can be used only for charaftable purposes and not prevention explores and the advisor in writing that grant funds can be used only for charaftable purposes and not prevention explores and the advisor in writing that grant funds can be used only for charaftable purposes and not prevention explores and the advisor in writing that grant funds can be used only for charaftable purpose and not	SC	HEDULE D								
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 \$	7		- nourred in monitoring inc	enacting hare	lling of violation	e and onforcing a	onconvotion co	amonto	during the year	
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	'		nouneu in monitoring, ins	specing, nano	annig or violation	is, and enforcing t		Sements	during the year	
 and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XII (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (ii) Revenue included on Form 990, Part X<!--</th--><th>8</th><th></th><th>on easement reported on</th><th>line 2(d) abov</th><th>e satisfy the re-</th><th>uirements of sect</th><th>tion 170/h)/4)/R)</th><th>(i)</th><th></th><th></th>	8		on easement reported on	line 2(d) abov	e satisfy the re-	uirements of sect	tion 170/h)/4)/R)	(i)		
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ 	5				-	-			Yes	No
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		organization's account	ting for conservation ease	ements.	-					
 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	Pa	rt III Organizatio	ons Maintaining Col	llections of	f Art, Histor	cal Treasures	s, or Other S	imilar /	Assets.	
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 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$	1a	If the organization elec	cted, as permitted under	FASB ASC 95	58, not to report	in its revenue sta	tement and bala	ance she	et works	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$		of art, historical treasu	ures, or other similar asse	ts held for put	blic exhibition, e	ducation, or resea	arch in furtherar	nce of pu	Iblic	
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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$					c exhibition, edu	ication, or researc	h in furtherance	of publi	c service,	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$			-					• •		
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$								► \$		
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	~	.,						► \$		
a Revenue included on Form 990, Part VIII, line 1	2	•					iinanciai gain, p	orovide		
	~	-			-			• ¢		
								► \$		

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Sche	dule D (Form 990) 2019 INC.		COMMECTICOT				22-271	0919	P	age 2
	t III Organizations Maintaining C	ollections of Ar	t. Historical Tre	asures, or O	ther S	imilar				age -
3	Using the organization's acquisition, accessi			-				<u>(COIIII</u>	<u>iueu)</u>	
	collection items (check all that apply):	,	, .	5	5					
а	Public exhibition	d	I 📃 Loan or exc	hange program						
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further th	e organization's	exempt	t purpose	e in Part 2	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical treas	sures, or other si	milar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's col	llection?				Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Ye	s" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets	not incl	luded				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account	liability?	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years b) Three ye		(e) Fou		
	Beginning of year balance	429,471.	410,783.	396,6	78.	37	4,571.		351,	178.
	Contributions		10.000							
С	Net investment earnings, gains, and losses	37,665.	18,688.	14,1	05.	2	2,107.		23,	393.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	468 126	400 451	410 5	0.2	20	6 6 7 0		204	FR 4
g	End of year balance	467,136.	429,471.		83.	39	6,678.		374,	5/1.
2	Provide the estimated percentage of the curr	ent year end balance) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment 62.90	%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c sho	•			6					
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	administered	for the c	organizat	ion	1	V.	
	by:							0-(1)	Yes	No X
	(i) Unrelated organizations							3a(i)		X
L	(ii) Related organizations	tiona listad os raquir	ad an Cabadula D2					3a(ii)		
	Describe in Part XIII the intended uses of the							3b		L
4 Pai	t VI Land, Buildings, and Equipm	ent.	wment lunds.							
	Complete if the organization answere) Part IV line 11a S	ee Form 990 Pa	art X lina	o 10				
	Description of property	(a) Cost or o				umulatec	4	(d) Boo	k valu	
	Description of property	basis (investr	• • •			ciation	'	(u) D00	r valu	C
19	Land		· ·	,365,981.				1	365,	981.
	LandBuildings			,147,699.		40,9	17.		106,	
	Leasehold improvements			,,,		-,-			- ,	
	Equipment			240,012.		126,2	24.		113,	788.
	Other			,		,-			,	
	Add lines 1a through 1e. (Column (d) must e		V column (P) line 1					5	586,	551.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 INC.		2	22-2710919	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	ld-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market	value
			la or your martie	Taldo
<u>(1)</u>				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	on Form 000 Dort IV line	11d See Form 000 Bart V line 15		
Complete if the organization answered "Yes"	Description	TTd. See Form 990, Fart A, line TS.	(b) Book	value
· · · ·				
(1)(2)				
(3)				
(4)				
••				
(5) (6)				
(7)(8)				
(9)				
		`		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>, 15.)</u>			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5	
(a) Description of lightlike			(b) Book	value
(1) Federal income taxes			(0) 2001	
(1) rederar income taxes (2) DUE TO NATIONAL				3,900.
(3) DUE TO OTHER CHAPTERS				5,002.
(4) CAPITAL LEASE OBLIGATIONS				1,199.
			2	600,000.
(0)			<u>,</u>	
(6)			+	
<u>(7)</u>				
(8)			+	
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) line			2	610,101.
I VIAL (LOUIDD ID) DUST ACUSI FORD YYU Part X COL (R) line	1/21		4,	

iumn (d) must equal i <u>orm 990, Part X, col. (B) line 25.)</u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

MAKE-A-WISH	FOUNDATION	OF	CONNECTICUT
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	MAKE-A-WISH FOUNDATION OF CONNECTIC	.0.1.			
	edule D (Form 990) 2019 INC.			22-2710919	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1				1	6,552,504.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		154,966.		
b	Donated services and use of facilities		757,106.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,929.		
е	Add lines 2a through 2d			2e	920,001.
3	Subtract line 2e from line 1			3	5,632,503.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,275.		
b	Other (Describe in Part XIII.)	4b	-40,665.		
с	Add lines 4a and 4b			4c	-10,390.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	5,622,113.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	4,640,890.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	707,081.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)		40,665.		
е	Add lines 2a through 2d			2e	747,746.
3	Subtract line 2e from line 1			3	3,893,144.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,275.		
b					
с	Add lines 4a and 4b			4c	30,275.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			5	3,923,419.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENTS IN

PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT ANY

WISH-GRANTING ACTIVITIES OF THE FOUNDATION.

PART X, LINE 2:

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

FOUNDATION AT AUGUST 31, 2020 AND 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST

7,929.

MAKE-A-WISH FOUNDATION OF	CONNECTICUT		
Schedule D (Form 990) 2019 INC.		22-2710919	Page 5
Schedule D (Form 990) 2019 INC. Part XIII Supplemental Information (continued)			
(continued)			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
EVENT FUNDRAISING EXPENSES	-40,665.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EVENT FUNDRAISING EXPENSES	40,665.		

SCHEDULE G	Suppleme	ental Information Regarding	g Fund	draisi	ing or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" or organization entered more than \$				r 19, or if the	2019
Department of the Treasury		Attach to Form 99					Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.	Inspection
Name of the organization		H FOUNDATION OF CONNECTICU					identification number
	INC.					22-271	0919
Part I Fundrais	ing Activities.	Complete if the organization answ	vered "Y	′es" or	n Form 990, Part IV, I	ine 17. Form 990	-FZ filers are not
	complete this par			00 01	11 onn 666, 1 ar 11, 1		
1 Indicate whether the	e organization rais	sed funds through any of the followi	ng activ	vities.	Check all that apply.		
a X Mail solicitat	ions	e X Solicit	ation of	non-q	overnment grants		
b X Internet and	email solicitations			-	nment grants		
c X Phone solicit	ations	g 🗵 Specia		-	-		
d X In-person sol	licitations			0			
		or oral agreement with any individua	al (inclue	ding of	ficers, directors, trus	tees, or	
		art VII) or entity in connection with				X	Yes 🗌 No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) purs	uant to	agree	ments under which t	ne fundraiser is to	o be
compensated at le	ast \$5,000 by the	organization.					
						())	
(i) Name and address	s of individual		fund	Did raiser	(iv) Gross receipts	(v) Amount pai to (or retained b	N I (VI) AINOUNT Paid
or entity (fund	raiser)	(ii) Activity	or co	ustody	from activity	fundraiser	organization
			_	utions?		listed in col. (i) ~
JENNIFER ANISKOVIC		CONSULTING ON CAPITAL	Yes	No	4		
MAIN ST, #2, BRANF	ORD, CT	CAMPAIGN		X	0.	19,90	0. 0.
		1					
Total				•		19,90	0
	ch the organizatio	on is registered or licensed to solicit	contrib	outions	or has been notified		
or licensing.							
СТ							

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Schedule G (Form 990 or 990-EZ) 2019 INC.

22-2710919 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WISH BALL	WISH GALA	2	(add col. (a) through col. (c))
D		(event type)	(event type)	(total number)	
	Gross receipts	657,133.	247,679.	115,084.	1,019,896.
2	Less: Contributions	440,306.	243,413.	87,671.	771,390.
3	Gross income (line 1 minus line 2)	216,827.	4,266.	27,413.	248,506.
4	Cash prizes				
5	Noncash prizes	3,648.	8.	1,045.	4,701.
6	Rent/facility costs	5,240.			5,240.
6 7	Food and beverages	56,313.			56,313.
5 8	Entertainment	18,850.			18,850.
9	Other direct expenses	154,011.	11,993.	38,063.	204,067.
10		h 9 in column (d)		>	289,171.
11	Net income summary. Subtract line 10 from	ine 3, column (d)		►	-40,665.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E>	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
	ls t	he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 INC.	22-2710919 Page 3							
	Does the organization conduct gaming activities with nonmembers?			Yes	No				
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?			Yes	No				
13	Indicate the percentage of gaming activity conducted in:								
a	The organization's facility		13a		%				
	An outside facility	l	13b		%				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name Address								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No				
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t							
	of gaming revenue retained by the third party \blacktriangleright \$								
c	If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation 🕨 💲								
	Description of services provided 🕨								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
a	 Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state state amount of distributions required under state law to be distributed to other exempt organizations or spent in the state state			Yes	No No				
	organization's own exempt activities during the tax year 🕨 \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ıd Part	III, lir	nes 9,	9b, 10b,				
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:								
(I)	NAME OF FUNDRAISER: JENNIFER ANISKOVICH								
(I)	ADDRESS OF FUNDRAISER: 1078 MAIN ST, #2, BRANFORD, CT 06405								

Schedule C	a (Form 990 or 990-EZ) Supplemental Infor	INC.	22-2710919	Page 4
	Supplemental Infor	nation (continued)		
_				
_				

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service				Attach to Fore s.gov/Form990 for	m 990.			Open to Public Inspection	
Name of the organization MAKE INC	E-A-WISH FOUNI	DATION OF CO	ONNECTICUT					Employer identification number 22-2710919	
Part I General Information	on Grants and A	Assistance							
 Does the organization main criteria used to award the g Describe in Part IV the organization 	rants or assistanc	ce?				-		on 🔀 Yes 🗌 No	
		-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of or or government		(b) EIN	<u>be duplicated if additio</u> (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section	on 501(c)(3) and g	lovernment orga	anizations listed in the	line 1 table		I	I	•0.	
3 Enter total number of other LHA For Paperwork Reduction				<u></u>					

uctions for Form

Schedule I (Form 990) (2019)

22-2710919

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SHES GRANTED	102	172,581.	842,075.	FMV	TRAVEL, M&E, SUPPLIES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information

PART I, LINE 2:

A FILE IS ESTABLISHED IN ACCORDANCE WITH MAKE-A-WISH FOUNDATION OF

INC.

CONNECTICUT'S (THE ORGANIZATION'S) PROCEDURES FOR EACH CHILD WHO HAS BEEN

REFERRED FOR A WISH AND WHO MEETS THE ELIGIBILITY CRITERIA. INCLUDED IN

THAT FILE IS AN INFORMATION PACKET THAT DOCUMENTS THE CHILD'S WISH CHOICE.

A BUDGET FOR THE CHOSEN WISH IS CREATED BASED ON QUOTES FROM THE VARIOUS

VENDORS THAT PROVIDE GOODS OR SERVICES AS PART OF THE WISH. PAYMENTS ARE

MADE BY THE ORGANIZATION TO THESE VENDORS IN ACCORDANCE WITH THE ACTUAL

EXPENSES THAT ARE VERIFIED TO THE BUDGET AND THEN THE WISH IS COMPLETED.

Schedule I (Form 990)

Part IV Supplemental Information

WISH BUDGETS OUTSIDE THE WISH BUDGET GUIDELINES MUST BE APPROVED BY THE

PRESIDENT/CEO IN ADVANCE. WISHES WITH A BUDGET EXCEEDING \$15,000 MUST BE

APPROVED IN ADVANCE BY THE PROGRAM COMMITTEE. WISHES WITH A BUDGET

TNC

EXCEEDING \$20,000 MUST BE APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE.

A QUESTIONNAIRE IS SENT TO EACH FAMILY TO EVALUATE THE WISH EXPERIENCE AND

ENSURE THAT THE WISH WAS COMPLETED. IN ADDITION, A FOLLOW-UP PHONE CALL IS

MADE TO ANY FAMILY THAT DOES NOT RETURN THEIR POST-WISH QUESTIONNAIRE. THE

MAKE-A-WISH FOUNDATION OF AMERICA SENDS ITS COMPLIANCE TEAM TO ALL CHAPTERS

(INCLUDING THE ORGANIZATION) ON A ROTATING BASIS TO ENSURE COMPLIANCE WITH

THESE PROCEDURES.

PART III, LINE 1:

MAKE-A-WISH FOUNDATION OF CONNECTICUT DOES NOT PROVIDE CASH GRANTS TO

INDIVIDUALS, BUT RATHER GRANTS WISHES TO CHILDREN WITH LIFE THREATENING

MEDICAL CONDITIONS. THE ORGANIZATION ALLOCATES FUNDS DIRECTLY TO THE

VENDORS FOR THE WISH EXPENSE, WITH THE EXCEPTION OF TRAVEL STIPENDS

(I.E. MEALS, TIPS, GAS, ETC.) FROM A STANDARDIZED WISH BUDGET. ALL WISH

BUDGETS ARE DEVELOPED AND APPROVED BY THE WISH MANAGER, PROGRAM

DIRECTOR, PRESIDENT/CEO AND EXECUTIVE COMMITTEE (AS REQUIRED). ALL WISH

EXPENSES ARE SUPPORTED BY APPROPRIATE DOCUMENTATION (I.E. INVOICES)

WHICH IS RETAINED BY THE CHAPTER.

SCH	IEDULE J	Compensation Information	OMB No.	1545-004	47		
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	10			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
	ment of the Treasury	Attach to Form 990.	Open to		ic		
-	Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection Employer identification numb				
Maine	e of the organizatior	INC.	22-2710919	on nu	nbei		
Par	t I Question	s Regarding Compensation	22 2710515				
I ui	ucononi			Yes	No		
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form 990	n 🔽	165			
		line 1a. Complete Part III to provide any relevant information regarding these items.	<i>,</i>				
[First-class or c		use				
ĺ	Travel for com						
ĺ		ation and gross-up payments X Health or social club dues or initiation fees					
ĺ		spending account	chef)				
	,	· · · · · · · · · · · · · · · · · · ·	,				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•	rovision of all of the expenses described above? If "No," complete Part III to explain	1b	х			
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	•	s, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х			
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization t	to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
[Compensation	committee Written employment contract					
[Independent c	ompensation consultant I Compensation survey or study					
[X Form 990 of o	ther organizations X Approval by the board or compensation com	mittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	ated organization:					
		e payment or change-of-control payment?			X		
		ceive payment from, a supplemental nonqualified retirement plan?			X		
		ceive payment from, an equity-based compensation arrangement?	<u>4c</u>		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the r				v		
					X		
		ation?	<u>5b</u>		X		
		r 5b, describe in Part III.					
	•	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the n				x		
					X		
		ation?	<u>6b</u>				
		r 6b, describe in Part III.					
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-	x			
		es 5 and 6? If "Yes," describe in Part III	7	Λ			
	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x		
		d the organization also follow the rebuttable presumption procedure described in	9				
		53.4958-6(c)?		n 000'	0010		
LHA	FOR Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (For	11 990	, 2019		

INC.

22-2710919

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i) ⁻ (D)	reported as deferred on prior Form 990	
(1) PAMELA KEOUGH	(i)	189,185.	19,500.	0.	6,315.	12,505.	227,505.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE CHAPTER PROVIDES ACCESS TO A HEALTH CLUB FOR ALL EMPLOYEES AS PART OF

INC.

ITS BENEFITS PACKAGE. THIS BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION.

PART I, LINE 7:

THE ORGANIZATION PROVIDED A NON-FIXED BONUS TO THE PRESIDENT/CEO, THE CHIEF

DEVELOPMENT OFFICER, AND THE REST OF THE STAFF. THE BONUS GIVEN IS

CALCULATED USING A FORMULA BASED ON OVERALL PERFORMANCE OF THE ORGANIZATION

IN MEETING ITS VARIOUS STATED GOALS. THE BONUS WAS AT THE DISCRETION OF THE

BOARD.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Art -1 2 Art -

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Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2019 **Open to Public** Inspection

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. MAKE-A-WISH FOUNDATION OF CONNECTICUT

ivame c	n uie	orgai	IIZation	

Employer identification number 22-2710919

	INC.	
Part I	Types of Property	

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Art - Works of art				
Art - Historical treasures				
Art - Fractional interests				
Books and publications				
Clothing and household goods				
Cars and other vehicles				
Boats and planes				
Intellectual property				
Securities - Publicly traded				
Securities - Closely held stock				
Securities - Partnership, LLC, or				
trust interests				
Securities - Miscellaneous				
Qualified conservation contribution -				
Historic structures				
Qualified conservation contribution - Other \dots				
Real estate - Residential				
Real estate - Commercial				
Real estate - Other				
Collectibles				
Food inventory				
Drugs and medical supplies				
Taxidermy				
Historical artifacts				
Scientific specimens				
Archeological artifacts				
Other (WISH-RELATED)	X	78	187,808.	COST/SELLING PRICE
Other (SPECIAL EVENT)	X	76	122,078.	COST/SELLING PRICE
Other (OTHER)	X	4	20,214.	COST/SELLING PRICE
Other ()			<u>, </u>	
Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions	
for which the organization completed Form 82	83, Part IV, D	Donee Acknowledg	jement 29	0

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		x
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

Yes No

	MARE-A-WISH FOUNDATION OF CONNECTICUT	
Schedule N	/ (Form 990) 2019 INC.	22-2710919 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	nd 33, and whether the organization combination of both. Also complete
SCHEDULE	M, PART I, COLUMN (B):	
THE AMOU	NT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS	
RECEIVED	•	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. MAKE-A-WISH FOUNDATION OF CONNECTICUT

Name of the organization MAKE-A INC. Employer identification number 22-2710919

OMB No. 1545-0047

Open to Public

Inspection

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FORM 990, PART I, LINE 1:

THE MAKE-A-WISH FOUNDATION OF CONNECTICUT CREATES LIFE-CHANGING WISHES

FOR CHILDREN WITH CRITICAL ILLNESSES.

FORM 990, PART III, LINE 4A:

THE MAKE-A-WISH FOUNDATION OF CONNECTICUT CREATES LIFE-CHANGING WISHES

FOR CHILDREN WITH CRITICAL ILLNESSES. CHILDREN BETWEEN THE AGES OF 2

1/2 AND 18 WHO HAVE BEEN DETERMINED TO HAVE A LIFE THREATENING MEDICAL

CONDITION QUALIFY FOR OUR WISH PROGRAM AND NO CHILD WHO MEETS THESE

CRITERIA IS DENIED OUR SERVICES. WE STRIVE TO GRANT EACH CHILD'S

ONE-TRUE WISH, WHETHER THAT IS TO VISIT A THEME PARK, SWIM WITH THE

DOLPHINS, MEET A DREAM CELEBRITY, OR COUNTLESS OTHER POSSIBILITIES. THE

FOUNDATION GRANTED 102 WISHES TO CHILDREN DURING THE FISCAL YEAR ENDING

ON AUGUST 31, 2020. THE COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS

\$1,395,248. OF THIS AMOUNT, \$380,592 WAS CONTRIBUTED BY VARIOUS VENDORS

WHO PROVIDED IN-KIND CONTRIBUTIONS SUCH AS TRAVEL AND TRAVEL SERVICES,

TRANSPORTATION, LODGING, AND OTHER SERVICES AND USE OF FACILITIES TO

COMPLETE A CHILD'S WISH. FOR FINANCIAL STATEMENT PURPOSES, THESE

AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND DIRECT COST OF WISHES.

FOR FORM 990, HOWEVER, THE IRS REQUIRES THE \$380,592 OF CONTRIBUTED

SERVICES AND USE OF FACILITIES TO BE EXCLUDED FROM BOTH REVENUE AND

EXPENSE.

FORM 990, PART VI, SECTION B, LINE 11B:

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CONNECTICUT INC.	Employer identification number 22-2710919
THE FOUNDATION WORKED CLOSELY WITH AN INDEPENDENT PUBLIC ACCOUNTING FIRM	
ENGAGED TO PREPARE THE FORM 990. THE DRAFT FORM 990 PREPARED BY THE	
ACCOUNTING FIRM WAS REVIEWED AND APPROVED BY THE FOUNDATION'S TREASURER AND	
PRESIDENT/CEO. THE RETURN WAS THEN PRESENTED TO THE FINANCE AND INVESTMENT	
COMMITTEE FOR THEIR REVIEW. SUBSEQUENT TO THE COMMITTEE'S APPROVAL, A	
COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO ALL VOTING MEMBERS PRIOR TO	
FILING WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER COORDINATOR IF THEY ARE FROM VOLUNTEERS, THE	
CHIEF OPERATING OFFICER IF THE STATEMENTS ARE FROM STAFF, AND THE	
PRESIDENT/CEO IF THE STATEMENTS ARE FROM THE BOARD MEMBERS. REVIEW OF THE	
STATEMENTS IS MONITORED BY THE CHIEF OPERATING OFFICER. THE PROCEDURES FOR	
ADDRESSING ANY CONFLICTS OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES	
AWARE INCLUDES, BUT ARE NOT LIMITED TO THE FOLLOWING (1) DETERMINING THE	
NATURE OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE	
INTERESTED PERSON, (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD,	
(3) THE CONFLICTED PERSON RECUSES HIMSELF/HERSELF FROM DELIBERATIONS AND	
DECISIONS REGARDING THE TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS	
WARRANTED BY THE CONFLICT AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING	
TERMINATION OF SERVICE.	

FORM 990, PART VI, SECTION B, LINE 15A:

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF CONNECTICUT	Employer identification number 22-2710919
FOR 2019 COMPENSATION, THE PRESIDENT/CEO'S COMPENSATION WAS DETERMINED BY	
THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED	
AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS	
BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED	
BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE	
BOARDS DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.	
DOCUMENTATION INCLUDES THE TERMS OF THE TRANSACTION AND THE DATE IT WAS	
APPROVED, THE MEMBERS PRESENT DURING DELIBERATIONS AND THOSE WHO VOTED ON	
IT, AND THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER STAFF, USING THE SAME	
INSTRUMENTS. SALARIES FOR THE STAFF OTHER THAN THE PRESIDENT/CEO ARE	
DECIDED BY THE CEO AFTER CONSULTING WITH THE EMPLOYEE'S IMMEDIATE	
SUPERVISOR AND THE BOARD'S EXECUTIVE COMMITTEE AND ARE BASED ON CHAPTER AND	
INDIVIDUAL PERFORMANCE.	
FORM 990, PART VI, SECTION C, LINE 19:	
WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE	
AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS AUDITED	
FINANCIAL STATEMENTS AND FORM 990 AVAILABLE UPON REQUEST AND ON ITS	
WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE ALSO	
AVAILABLE UPON REQUEST WITH INSPECTION AT AN OFFICE OF THE ORGANIZATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 7,929.	

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print				Taxpaye	Taxpayer identification number (TIN)		
					22-2710919		
File by th due date filing you return. S	he for Number, street, and room or suite no. If a P.O. box, see instructions.						
instruct		or a foreign addı	ress, see instructions.				
Enter t	he Return Code for the return that this application is f	or (file a separat	ate application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form §	990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form §	990-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form §	90-PF	04	Form 5227			10	
Form §	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)			Form 8870			12	
 The books are in the care of ▶ 56 COMMERCE DRIVE - TRUMBULL, CT 06611 Telephone No. ▶ 203-261-9044 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 TINs of all members the extension is for. I request an automatic 6-month extension of time until							
	f this application is for Forms 990-BL, 990-PF, 990-T, 4 any nonrefundable credits. See instructions.	4720, or 6069, e	enter the tentative tax, less	3a	\$	0.	
	f this application is for Forms 990-PF, 990-T, 4720, or	6069, enter any	refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			Зb	\$	0.	
-	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by				- -		
	using EFTPS (Electronic Federal Tax Payment System			3c	\$	0.	
	n: If you are going to make an electronic funds withdr				d Form 887	'9-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)