## TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

AUGUST 31, 2021

#### PREPARED FOR:

MAKE-A-WISH FOUNDATION OF MAINE 66 MUSSEY ROAD SCARBOROUGH, ME 04074

#### 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.

### \*\* 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)

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

A	ror the	2020 calendar year, or tax year beginning SEP 1, 2020 and c	ending A	UG 31, 2021	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	MAKE-A-WISH FOUNDATION OF MAINE			
	Name change	Doing business as		01-0477512	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	66 MUSSEY ROAD		207-221-2306	j
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,140,939.
	Amend return	ed SCARBOROUGH, ME 04074		H(a) Is this a group re	eturn
	Applica tion	F Name and address of principal officer: KATHKIN VICKEKI		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax-exe	mpt status:     X   501(c)(3)   501(c) ( )	or 527	1	list. See instructions
		e: WWW.MAINE.WISH.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1992	VI State of legal domicile; ME
Pa	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: SEE SCE	HEDULE O.		
Governance					
'n,	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
ۆ ئ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			8
iţi	6	Total number of volunteers (estimate if necessary)			230
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		· ·		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		1,461,865.	1,937,928.
nue	9	Program service revenue (Part VIII, line 2g)		301.	600.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		55,299.	43,684.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,947.	-9,683.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,499,518.	1,972,529.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		547,322.	604,529.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		436,192.	412,818.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	304.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		339,344.	317,989.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,322,858.	1,335,336.
		Revenue less expenses. Subtract line 18 from line 12		176,660.	637,193.
or .	ß			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,156,597.	4,242,812.
ASS	21	Total liabilities (Part X, line 26)		189,403.	190,354.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		2,967,194.	4,052,458.
	art II	Signature Block			
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	y knowledge and belief, it is
true	, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	KATHRYN VICKERY, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	CHRISTINE KAWECKI	weeks 0	7/06/22 if self-employ	yed P00743140
Pre	parer	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	5-918-7000
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

01-0477512

	Check if Schedule O contains a		is Part III	X
1	Briefly describe the organization's mis-	sion:		
	THE MAKE-A-WISH FOUNDATION O CHILDREN WITH CRITICAL ILLNE		NGING WISHES FOR	
	Bill in the second	· · · · · · · · · · · · · · · · · · ·		
2			the year which were not listed on th	
	If "Yes," describe these new services of			
3	Did the organization cease conducting If "Yes," describe these changes on Se		how it conducts, any program servic	es? Yes X No
4	Describe the organization's program s		of its three largest program services	a. as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organize revenue, if any, for each program serving	ations are required to report the		
4a	(Code:) (Expenses \$	950,122. including grants	of\$ 604,529.)(	Revenue \$ 600.
	SEE SCHEDULE O.			
	-			
	-			
	(Code:) (Expenses \$	including grants	of \$	Revenue \$
40	(Code:) (Expenses 5	including grants	) (	nevenue \$)
4c	(Code: ) (Expenses \$	including grants	of\$) (	Revenue \$)
4d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	950,122.		- 000

## Form 990 (2020) MAKE-A-WISH FOUNDATION OF MAINE Part 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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	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_		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١.,	v	
	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, VIII, 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,		х	
	Part VI	11a	Α	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		<del></del>
u	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	110		
•	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	<u> </u>		
	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	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		Х
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		Х
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		Х
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	۱		,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	<b> </b>		
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\vdash$
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
٨	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
204	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	200		
-	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		Х
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% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? If	l		
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	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	31		х
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		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
	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	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	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	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	l

Form 990 (2020)

MAKE-A-WISH FOUNDATION OF MAINE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	$oxed{oxed}$
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders  Cross income from other sources (De not not amounts due or poid to other sources against	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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	L	х
	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		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) MAKE-A-WISH FOUNDATION OF MAINE 01-0477512 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a2	1		
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ▶ME			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	)s only)	availa	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 Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial	
	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			
	KATHRYN VICKERY - 207-221-2306			
	66 MUSSEY ROAD SCARBOROUGH ME 04074			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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.
  - 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.

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

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

(A)	(B)			((	<u></u>			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	Pos heck i ss per	ition more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	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
(1) ANNE MARIE STOREY	3.00									
MEMBER THRU 05/26/2021		Х						0.	0.	0.
(2) CHRIS BOWRING	3.00									
MEMBER		Х						0.	0.	0.
(3) CYNTHIA FAULKNER	3.00									
MEMBER		Х						0.	0.	0.
(4) CYNTHIA O'ROURKE	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DAN TILTON	3.00									
TREASURER		Х		х				0.	0.	0.
(6) EMILY GETCHELL	3.00									_
MEMBER		Х						0.	0.	0.
(7) HANNAH MAY	3.00									_
VICE CHAIR		х		х				0.	0.	0.
(8) JAD DIETERLE	3.00									
MEMBER		Х						0.	0.	0.
(9) JIM MARSTON	3.00									
MEMBER		Х						0.	0.	0.
(10) KATHRYN TREEM	3.00									
MEMBER		Х						0.	0.	0.
(11) KEVIN BOWMAN	3.00									
MEMBER		Х						0.	0.	0.
(12) KIM ANANIA	3.00									
MEMBER THRU 01/03/2021		Х						0.	0.	0.
(13) KYLA SCARPONI	3.00									
MEMBER		Х						0.	0.	0.
(14) LARRY ROY	3.00									
MEMBER		Х						0.	0.	0.
(15) MARK WORONOFF	3.00									
MEMBER		х						0.	0.	0.
(16) PATRICIA GALLANT	3.00									
MEMBER THRU 03/19/2021		х						0.	0.	0.
(17) PATRICK GAETANI	3.00									
MEMBER		х						0.	0.	0.

Form 990 (2020) 032007 12-23-20

Form 990 (2020) MAKE-A-WISH H	OUNDATION	OF	MAI	NE					01-04	7751	2	Pa	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	Compensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			ana	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensatio	n	an	nount	of
	week	<b>—</b>	cer ar	nd a d	irecto	r/trus T	tee)	from	from related			other	
	(list any	ector						the	organizations	3	com	pensa	tion
	hours for	or dir	au			ted		organization	(W-2/1099-MIS	SC)	l	om th	
	related	stee	truste			bens		(W-2/1099-MISC)				anizat	
	organizations below	ıal tru	onal t		oloye	ee com					l	d relat	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) PETER VAN ALSTINE	3.00	트	트	6	3	王吉	꾼						
MEMBER		x						0.		0.			0.
(19) PHILIP HARRIMAN	10.00												
BOARD CHAIR		х		х				0.		0.			0.
(20) RICK CYR	3.00												
MEMBER		х						0.		0.			0.
(21) STANLEY CHALEFF	3.00												
MEMBER		Х						0.		0.			0.
(22) SUSAN DESGROSSEILLIERS	3.00												
MEMBER		Х						0.		0.			0.
(23) SUSAN WALTHER	3.00	1											
MEMBER		Х						0.		0.			0.
(24) TJ HERLIHY	3.00	l											_
MEMBER	40.00	Х						0.		0.			0.
(25) KATHRYN VICKERY	40.00	-		x				01 501		0.		1.0	E 2 O
PRESIDENT & CEO				Α				91,581.		٠.		10,	530.
		-											
1b Subtotal					<u> </u>	_		91,581.		0.		10	530.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								91,581.		0.		10.	530.
Total number of individuals (including but not not not not not not not not not no						 ) wh	o re		000 of reportable				
compensation from the organization						,							0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	oye	e, or	hiç	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for si	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	Ji	for such individual			4		Х
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fi	rom	any	unre	elat	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedul	e J f	or su	ıch į	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con										ensat	tion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thir		ear.				
(A) Name and business	address	NO	MF					(B)  Description of s	ervices	C	<b>))</b> ompe		า
Traine and pasiness	4441000	140	1415					Bosomption or o	ioi vioco		rompo	- Ioutioi	•
2 Total number of independent contractors (in	acluding but a	ot lir	niter	d to	thor	ماا م	ted	l ahove) who received m	ore than				
\$100,000 of compensation from the organization	•	J. III		0		0 0	Lou	. abovo, who received like	5.5 trial 1				

Form 990 (2020)
Part VIII

Statement of Revenue

		Check if Schedule O co	ontains a	a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
<b>ω</b> ω	1 2	Federated campaigns		1a	17,282.				
Contributions, Gifts, Grants and Other Similar Amounts									
S S					462,010.				
fts,		Fundraising events		1	102,010.				
ig ig		=			77,190.				
ns, Sim		Government grants (contrib		1e	77,190.				
e ë	Ť	All other contributions, gifts, g			1 201 446				
현된		similar amounts not included a			1,381,446.				
gg	•	Noncash contributions included in lin		1g \$	104,207.				
<u>ğ</u> ğ	h	Total. Add lines 1a-1f				1,937,928.			
					Business Code				
စ္ပ	2 a	WISH ASSIST FEES			900099	600.	600.		
و <u>چ</u>	b								
S	С								
am	d								
Program Service Revenue	е								
P.	f	All other program service re	evenue						
		Total. Add lines 2a-2f				600.			
	3	Investment income (including							
		other similar amounts)	•	,	· '	48,091.			48,091.
	4	Income from investment of				,			,
	5	Royalties							
	3	noyaities	·····	(i) Real	(ii) Personal				
	٠.	0	<u>_</u>	(i) Fical	(ii) i crooriai				
			6a						
		· · · · · · ·	6b						
		` ′	6c						
		Net rental income or (loss)		·····					
	7 a	Gross amount from sales of	(1)	Securities	(ii) Other				
		assets other than inventory	7a	102,506.					
	b	Less: cost or other basis							
ne			7b	106,913.					
Revenue	С	Gain or (loss)	7с	-4,407.					
	d	Net gain or (loss)		<u></u>	<b></b>	-4,407.			-4,407.
ther	8 a	Gross income from fundraising	g events	(not					
₹		including \$	62,010	<u>•</u> of					
		contributions reported on li	ine 1c).	See					
		Part IV, line 18		8a	51,814.				
	b	Less: direct expenses			61,497.				
		Net income or (loss) from fu				-9,683.			-9,683.
		Gross income from gaming							
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from g			<b></b>				
		Gross sales of inventory, le							
	io a								
		and allowances							
		Less: cost of goods sold							
$\dashv$	С	Net income or (loss) from s	ales of I	riventory					
2					Business Code				
eo e	11 a								
Miscellaneous Revenue	b								
Sel Sev	С								
Mis		All other revenue							
=		Total. Add lines 11a-11d .							
	12	Total revenue. See instruction	าร		<b>&gt;</b>	1,972,529.	600.	0.	34,001.

01 - 0477512

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	ı otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	604,529.	604,529.		
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,				
	trustees, and key employees	110,159.	53,427.	20,159.	36,573.
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	238,988.	115,910.	43,735.	79,343.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,905.	2,864.	1,080.	1,961.
9	Other employee benefits	28,920.	14,026.	5,293.	9,601.
10	Payroll taxes	28,846.	13,990.	5,279.	9,577.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	29,548.		29,548.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	10.00		10.051	
f	Investment management fees	18,261.		18,261.	
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	5,161.	1,892.	3,239.	30.
12	Advertising and promotion	420.	24 252	5 040	420.
13	Office expenses	48,872.	21,373.	5,042.	22,457.
14	Information technology	14,317.	1,168.	832.	12,317.
15	Royalties	46, 061	22.716	0 577	15 560
16	Occupancy	46,861.	22,716.	8,577.	15,568.
17	Travel	2,186.	1,911.	10.	265.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 614	472	1 500	1 622
19	Conferences, conventions, and meetings	3,614. 810.	473. 357.	1,509.	1,632.
20	Interest	010.	337.	133.	300.
21	Payments to affiliates	12,662.	6,141.	2,317.	4,204.
22	Depreciation, depletion, and amortization	12,002.	0,141.	2,311.	4,204.
23	Other expenses. Itemize expenses not covered				
24	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.) NATIONAL DUES	121,929.	87,789.	18,289.	15,851.
a h	MERCHANT FEES	10,140.	57,755.	10,200.	10,140.
D	MEMBERSHIP DUES	3,208.	1,556.	587.	1,065.
ט		3,200.	1,330.	307.	1,005.
d	All other expenses				
e 25	Total functional expenses. Add lines 1 through 24e	1,335,336.	950,122.	163,910.	221,304.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,000,000.	200,122.		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				L	- QQQ (2222)

## Form 990 (2020) Part X Balance Sheet

Par	τX	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X	(A)		(B)
	_				Beginning of year		End of year
	1	Cash - non-interest-bearing	046.063	1	0.60, 0.63		
	2	Savings and temporary cash investments			946,863.	2	969,863.
	3	Pledges and grants receivable, net			4,500.	3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub		_			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
	_	under section 4958(f)(1)), and persons describ				6	
ets	7	Notes and loans receivable, net		E 402	7	0.007	
Assets	8	Inventories for sale or use		·····-	5,403.	8	9,887
`	9				36,510.	9	38,349
	10a	Land, buildings, and equipment: cost or other		04 522			
		basis. Complete Part VI of Schedule D		94,523. 83,335.	10 240		11 100
	b	1	18,348.	10c	11,188		
	11	Investments - publicly traded securities	2,113,955.	11	3,166,432		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			31,018.	14	47 002
	15	Other assets. See Part IV, line 11			3,156,597.	15	47,093 4,242,812
	16	Total assets. Add lines 1 through 15 (must en		68,040.	16	77,823	
	17	Accounts payable and accrued expenses	00,040.	17	11,023		
	18	Grants payable		33,500.	18	36,800	
	19	Deferred revenue		33,300.	19 20	30,000	
	20 21	Tax-exempt bond liabilities		at Calaaduda D		21	
	22	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for trustee, key employee, creator or founder, sub					
þi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr		23			
	23 24	Unsecured notes and loans payable to unrelate			77,190.	24	70,000
	25	Other liabilities (including federal income tax,			,===•		,
	23	parties, and other liabilities not included on lir					
		of Schedule D	163 17-24)	. Complete Fait X	10,673.	25	5,731,
	26	Total liabilities. Add lines 17 through 25			189,403.	26	190,354.
	20	Organizations that follow FASB ASC 958, c	heck her	e 🕨 🗓		20	
es		and complete lines 27, 28, 32, and 33.	neok ner				
uc	27	• • • • • • • • • • • • • • • • • • • •			2,049,425.	27	2,961,812.
3ala	28	Net assets with donor restrictions	917,769.	28	1,090,646.		
βE		Organizations that do not follow FASB ASC	•		, ,		
Fur		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund			29		
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,967,194.	32	4,052,458.
Z					3,156,597.		4,242,812.
	33	Total liabilities and net assets/fund balances			3,156,597.	33	4,

Form **990** (2020)

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	972,	529.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	335,	336.
3	Revenue less expenses. Subtract line 2 from line 1	3		637,	193.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2 ,	967,	194.
5	5 Net unrealized gains (losses) on investments			448,	071.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4 ,	052,	458.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	Ο.			
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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF MAINE

Employer identification number 01-0477512

_								01 01//011
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
		section 170(b)(1)(A)(vi). (C	•	near part of its support in	om a gove	, i i i i i i i i i i i i i i i i i i i	arms or morn and goriorar	public decembed in
8		A community trust describe		1VAVvi) (Complete Par	+ II \			
9	H	An agricultural research org			•	ad in coni	unction with a land-grant	college
9		or university or a non-land-g				-		-
		· · · · · · · · · · · · · · · · · · ·	grant college or agrici	uiture (see iristructions).	Litter tite i	iairie, city	, and state of the college	5 01
10		university:An organization that norma	Illy reasings (1) mars	than 22 1/20/ of its ours	out from o	ontribution	a mambarabin face an	d areas ressints from
10	ш							
		activities related to its exen		•				-
		income and unrelated busin		(less section 511 tax) irc	m busines	sses acqui	red by the organization a	aiter June 30, 1975.
		See section 509(a)(2). (Col	•		fat. 0aa	ti F(	20(-)(4)	
11	H	An organization organized a	· ·	•	•			
12	ш	An organization organized a	· ·	•	-		•	•
		more publicly supported or	-					Sheck the box in
		lines 12a through 12d that	* *				· · · · · ·	
а			· · · · · · · · · · · · · · · · · · ·	•	•	_		
		the supported organization			majority o	the direc	tors or trustees of the si	upporting
_		organization. You must o	-					
b								
		control or management o			ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus						
С			-					ed with,
		its supported organization		·				
d			= ::				• • • • •	* *
		that is not functionally int	-	•	-		•	veness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f		er the number of supported o	•					
<u>g</u>		vide the following information (i) Name of supported			(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See motifications)	Support (See motivations)
_	_							

### 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,712,986.	1,814,774.	1,821,117.	1,461,865.	1,937,928.	8,748,670.
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	1,712,986.	1,814,774.	1,821,117.	1,461,865.	1,937,928.	8,748,670.
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)						244,550.
	Public support. Subtract line 5 from line 4.						8,504,120.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,712,986.	1,814,774.	1,821,117.	1,461,865.	1,937,928.	8,748,670.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,976.	35,962.	51,602.	50,078.	48,091.	210,709.
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.)	75,295.	92,097.	68,000.	85,816.	51,814.	373,022.
11	<b>Total support.</b> Add lines 7 through 10						9,332,401.
12	Gross receipts from related activities,	•				12	3,301.
13	First 5 years. If the Form 990 is for th			•			<b>.</b> —
800	organization, check this box and stop ction C. Computation of Publi						<b>&gt;</b>
	Public support percentage for 2020 (I			olumn (f)\		14	91.12 %
14	Public support percentage for 2020 (i					15	91.12 %
15	33 1/3% support test - 2020. If the o						
104	<b>stop here.</b> The organization qualifies						
h	33 1/3% support test - 2019. If the o						············ - —
~	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	•	•			and line 14 is 10% o	
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te					viriow the organize	▶ □
h	10% -facts-and-circumstances test	•	•		•		
~	more, and if the organization meets the	ū				•	<del>-</del> .
	organization meets the facts-and-circu		•		•		ightharpoons
_18	Private foundation. If the organization				•		<b>&gt;</b>

### 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	now, please comp	Diete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
8 Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  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						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves			10 1 (0)		14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2020. If the						r is flot
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the	=	-				nd
	line 18 is not more than 33 1/3%, ched	ck this box and st	<b>top here.</b> The orga	ınization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Page 4

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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.
- 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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).
- 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 line 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
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
000 00	0 EZ	2000

Par	Supporting Organizations (continued)			
	_		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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	_		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		
Sec	ion 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 line 2, above, did the organization's supported organizations have a			
	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			
800	supported organizations played in this regard. ion 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 instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	· · · · · · · · · · · · · · · · · · ·		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instanctivities Test. Answer lines 2a and 2b below.	ruction	S). Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization(s) to which the organization was responsive: If yes, (right) if y			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	u		
~	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 activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	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			
Sect	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			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	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 0.85 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-functional		ed Type III supporting orga	nization (see	
	instructions).			·	

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
<u>d</u>	From 2018				
<u>e</u>	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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 and 2; Part IV, Section 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS FUNDRAISING REVENUE
2016 AMOUNT: \$ 75,295.
2015 2007777 4 00 005
2010 2007777 4 05 016
·
2020 AMOUNT: \$ 51,814.
OTHER REVENILE
OTHER REVENUE
2016 AMOUNT: \$ 0.
2017 AMOUNT: \$ 0.
2018 AMOUNT: \$ 383.
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 0.

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

**2020** 

Employer identification number

	01-0477512					
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 <b>not</b> 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					
• •	tion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.				
General Rule						
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509( any one cont	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supportant (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16; ributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am 90-EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from				
contributor, of literary, or ed	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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribu is checked, e purpose. Don	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 <b>General Rule</b> applies to this organization because it received $nonexclusively$ religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>must</b> answer "N	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B o" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF MAINE	01-0477512

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MAKE-A-WISH FOUNDATION OF MAINE

01-0477512

ı artı	(See instructions). Ose duplicate copies of Part II II a	dullional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TRAVEL, M&E, SUPPLIES		
		\$1,939.	08/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization			Employer identification number					
MAKE-A-W	ISH FOUNDATION OF MAINE			01-0477512					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of	gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I				<b>3</b>					
_		(e) Transfer of	gift						
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
-	Transferee's name, address, a	(e) Transfer of and ZIP + 4		ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
-	(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF MAINE

**Employer identification number** 

 $01\!-\!0477512$ 

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds ca	an be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservat	tion of a historically important land area
	Protection of natural habitat	Preservat	tion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic s	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated b	by the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handlir	ng of
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, he	andling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing con	servation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	pense statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Par			or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or researcl	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these	e 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 e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(m)		<b>.</b> .
2	If the organization received or held works of art, historical treas	sures, or other similar assets for fin	ancial gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assats included in Form 900 Part V		

Pai	rt III   Organiz	ations Maintaining C	collections of Ar	t, Historical Tre	asures, or Oth	er Similar	Assets	(contin	nued)	
3	Using the organiz	ation's acquisition, accessi	on, and other record	s, check any of the f	ollowing that make	significant u	se of its			
	collection items (c	check all that apply):								
а	Public exhib	bition	d	I Loan or exc	hange program					
b	b Scholarly research e Other									
С	Preservation	n for future generations								
4	Provide a descrip	tion of the organization's co	ollections and explair	n how they further th	e organization's ex	empt purpos	se in Part	XIII.		
5	During the year, d	did the organization solicit o	or receive donations of	of art, historical treas	sures, or other simil	ar assets		_		_
		e funds rather than to be ma					<u></u>	Yes		No
Pai		and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990	, Part IV, I	ine 9, or		
	reported a	n amount on Form 990, Pa	rt X, line 21.							
1a		n an agent, trustee, custod					_	_		,
		t X?					L	Yes		No
b	If "Yes," explain the	he arrangement in Part XIII	and complete the fol	llowing table:						
								Amoun	t	
С	Beginning balance									
d		the year								
е		ng the year								
f										
	•	ion include an amount on F	* *	*			·····	Yes		No
	If "Yes," explain the state of	he arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part XI	<u>  </u>	<u></u>			
Fai	L V Elidowii	nent Funds. Complete					<del></del>			
			(a) Current year	(b) Prior year	(c) Two years back			<b>(e)</b> Four		
1a		balance	1,056,769.	812,880.	800,013		21,078.		643,1	
b			214 020	150,000.						0.
C		arnings, gains, and losses	214,930.	101,441.	12,867	•		//,	163.	
d		ships								
е	Other expenditure			7 550	0		6 005			0
_				7,552.	0	•	6,885.			0.
f		penses	1,271,699.	1,056,769.	812,880	9.0	00,013.		721,0	7.2
g	End of year balan					•   • •	70,013.		721,0	770.
2		ated percentage of the cur	rent year end balance 15.1000		) neid as:					
a	Permanent endov	d or quasi-endowment > 51.4800	<del></del> %	%						
b	Term endowment									
С		on lines 2a, 2b, and 2c sho	-							
22		nent funds not in the posse	•	ation that are hold ar	nd administered for	tho organiza	tion			
Ja	by:	nent funds not in the posse	sssion of the organiza	ation that are neid ar	id administered for	ine organiza	LIOIT	ĺ	Voc	No
	-	ganizations						3a(i)	Yes	X
		nizations						3a(ii)		X
h	If "Yes" on line 3a	a(ii), are the related organiza	ations listed as requir	ed on Schedule R2				3b		
4		(III the intended uses of the								
Pai		uildings, and Equipm								
	Complete	if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	ee Form 990, Part )	K, line 10.				
	•	tion of property	(a) Cost or o			Accumulate	d	(d) Boo	k value	<del></del>
	<u> </u>		basis (investr	` '	1 , ,	lepreciation				
1a	Land									
b										
С		vements			26,243.	26,1	127.		1	116.
d					68,280.	57,2	208.		11,0	)72.
<u>e</u>			<b>I</b>							
Tota	I. Add lines 1a thro	ough 1e. <i>(Column (d) must e</i>	equal Form 990, Part	X. column (B), line 1	Oc.)				11,1	188.

01 - 0477512

Part VII Investments - Other Securities.			r ago
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 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 end-	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" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.	-		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO NATIONAL ORGANIZATION			2,405
(3) CAPITAL LEASE OBLIGATIONS			2,478.
(4) DEFERRED RENT			848
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>b</b>	5,731.
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			at reports the

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

Schedule D (Form 990) 2020 MAKE-A-WISH FOUNDATION OF MAINE			01-0477512	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial State	ments With Re	evenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	2,492,351.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	448,071.		
<b>b</b> Donated services and use of facilities	2b	80,329.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	528,400.
3 Subtract line 2e from line 1			3	1,963,951.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,261.		
<b>b</b> Other (Describe in Part XIII.)	4b	-9,683.		
c Add lines 4a and 4b			4c	8,578.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)				1,972,529.
Part XII Reconciliation of Expenses per Audited Financial State		xpenses per R	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Total expenses and losses per audited financial statements			1	1,407,087.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	80,329.		
<b>b</b> Prior year adjustments	2b			
c Other losses				
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	80,329.
3 Subtract line 2e from line 1			3	1,326,758.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,261.		
<b>b</b> Other (Describe in Part XIII.)		-9,683.		
c Add lines <b>4a</b> and <b>4b</b>			4c	8,578.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				1,335,336.
Part XIII Supplemental Information.			•	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	·		; Part X, line 2; F	Part XI,
PART V, LINE 4:				
THE INCOME FROM THE ENDOWMENT FUND WILL BE USED IN THE FOUNDAT	ION'S WISH			
GRANTING ACTIVITIES.				
PART X, LINE 2:				
MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR	ГНЕ			
FOUNDATION AT AUGUST 31, 2021 AND 2020.				
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
EVENT FUNDRAISING EXPENSES	-9,683.			

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number		
MAKE-A-WIS		01-047751	2						
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual eart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total			<b>•</b>						
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration		
				-					

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 TRAILBLAZE (add col. (a) through CHALLENGE WISH NIGHT col. (c)) (event type) (event type) (total number) 190,766. 189,587. 133,471. 513,824. 1 Gross receipts 2 Less: Contributions 165,161. 184,844. 112,005. 462,010. **3** Gross income (line 1 minus line 2) 25,605. 4,743. 21,466. 51,814. 4 Cash prizes 5 Noncash prizes 1,867. 687. 4,360. 6,914. Direct Expenses 6 Rent/facility costs 4,687. 889. 2,851. 8,427. 7 Food and beverages 0 0 11 11. 8 Entertainment 22,974. 3,888. 19,283. 46,145. 9 Other direct expenses 61,497. **10** Direct expense summary. Add lines 4 through 9 in column (d) -9,683. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor 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** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 MAKE-A-WISH FOUNDATION OF MAINE	L-0477512	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 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?		es No
12			110
	Indicate the percentage of gaming activity conducted in:	امدا	0.4
	a The organization's facility	1 1	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		es No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
U			
Da	organization's own exempt activities during the tax year \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	5	0.01.401
Га	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines	8 9, 9D, 1UD,
	·, ·, ·, ·, ·		

Schedule G	G (Form 990 or 990-EZ)	MAKE-A-WISH FOU	NDATION OF MAIN	ΙE	01-0477512	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation (continued)				

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **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.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

Name of the organization							Employer identification number
	OUNDATION OF N	IAINE					01-0477512
Part I General Information on Grants a							
1 Does the organization maintain records		_			-		
criteria used to award the grants or assi	stance?						Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	=				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than			1		(f) Mothod of	T	1
Name and address of organization or government	(b) EIN	(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 501(c)(3) a 3 Enter total number of other organization	-	•					

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		
WISHES GRANTED	67	4,378.	600,151.	FMV	TRAVEL, M&E, AND SUPPLIES		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.			
PART I, LINE 2:							
A FILE IS ESTABLISHED IN ACCORDANCE WITH MAKE-A-WI	SH FOUNDATION	N OF MAINE'S					
(THE ORGANIZATION'S) PROCEDURES FOR EACH CHILD WHO	HAS BEEN REF	ERRED FOR A					
WISH AND WHO MEETS THE ELIGIBILITY CRITERIA, INCLU	DED IN THAT F	FILE IS AN					
INFORMATION PACKET THAT DOCUMENTS THE CHILD'S WISH	CHOICE, A BU	JDGET FOR THE					
CHOSEN WISH IS CREATED BASED ON QUOTES FROM THE VA							
PROVIDED GOODS OR SERVICES AS PART OF THE WISH. PA							
ORGANIZATION TO THESE VENDORS IN ACCORDANCE WITH THE							
WISH IS COMPLETED. THE ORGANIZATION WILL BE NOTIFIE	ED BY VENDORS	S IF THE WISH					

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

MAKE-A-WISH FOUNDATION OF MAINE

**Employer identification number** 01-0477512

Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 5,999. COST/SELLING PRICE Securities - Publicly traded ..... Х Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 ( WISH -RELATED 90 91 653 COST/SELLING PRICE 25 SPECIAL EVENT Х 24 6,142. COST/SELLING PRICE 26 Other Х 1 413. COST/SELLING PRICE OTHER 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 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 Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF MAINE

**Employer identification number** 01-0477512

MINE I WISH TOURDHION OF MITTER	01 01/7512
FORM 990, PART I, LINE 1:	
THE MAKE-A-WISH FOUNDATION OF MAINE CREATES LIFE-CHANGING WISHES FOR	
CHILDREN WITH CRITICAL ILLNESSES.	
FORM 990, PART III, LINE 4A:	
THE MAKE-A-WISH FOUNDATION OF MAINE CREATES LIFE-CHANGING WISHES FOR	
CHILDREN WITH CRITICAL ILLNESSES. THE FOUNDATION GRANTED 67 WISHES TO	
CHILDREN DURING THE FISCAL YEAR ENDED AUGUST 31, 2021. THE TOTAL COST	
OF WISHES GRANTED FOR THE FISCAL YEAR WAS \$680,410. OF THIS AMOUNT,	
\$75,881 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 GRANTED WISH EXPENSE. FOR FORM 990, HOWEVER,	
THE IRS REQUIRES THE \$75,881 OF CONTRIBUTED SERVICES AND USE OF	
FACILITIES TO BE EXCLUDED FROM BOTH REVENUE AND EXPENSE.	
IN DECEMBER 2019, AN OUTBREAK OF A NOVEL STRAIN OF CORONAVIRUS	
(COVID-19) BEGAN. ON MARCH 10, 2020, IN CONJUNCTION WITH THE	
MAKE-A-WISH NATIONAL MEDICAL ADVISORY COUNCIL, MAKE-A-WISH OF AMERICA	
ISSUED INSTRUCTIONS TO PAUSE TRAVEL AND LARGE GATHERING WISHES UNTIL	
DEEMED MEDICALLY SAFE FOR OUR VULNERABLE POPULATION AND THEIR FAMILIES.	
AS OF AUGUST 31, 2021, WITH THE EXCEPTION OF REGIONAL TRAVEL, TRAVEL	
WISHES ARE STILL PAUSED. PRIOR TO FISCAL YEAR 2020, TRAVEL WISHES HAVE	
BEEN APPROXIMATELY 70% OF THE WISHES GRANTED AND THE NUMBER OF GRANTED	

Name of the organization  MAKE-A-WISH FOUNDATION OF MAINE	Employer identification number 01-0477512
WISHES AVERAGED APPROXIMATELY 75 PER YEAR. IN ADDITION, THE PROGRAM	
EXPENSE RATIO WAS IMPACTED DUE TO THE MAKE-A-WISH FOUNDATION OF MAINE'S	
INABILITY TO GRANT THE TRAVEL WISHES. THE PROGRAM EXPENSE RATIO WAS	
PREVIOUSLY 77% IN FISCAL YEAR ENDED AUGUST 31, 2019. THE MAKE-A-WISH	
FOUNDATION OF MAINE CONTINUES TO EVALUATE ALL EXPENSES AND FUNDRAISING	
EFFORTS IN LIGHT OF THE IMPACT OF COVID-19. NATIONAL EFFORTS ARE	
UNDERWAY TO RETURN TO WISH GRANTING AND FUNDRAISING EFFORTS WHEN IT IS	
DEEMED MEDICALLY SAFE.	
FORM 990, PART VI, SECTION A, LINE 2:	
KIM ANANIA AND PHIL HARRIMAN: BUSINESS RELATIONSHIP	
KIM ANANIA AND PATRICK GAETANI: BUSINESS RELATIONSHIP	
MARK WORONOFF AND CINDY O'ROURKE: BUSINESS RELATIONSHIP	
FORM 990, PART VI, SECTION B, LINE 11B:	
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 BY THE FOUNDATION'S EXECUTIVE DIRECTOR. A 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 MAKE-A-WISH FOUNDATION OF MAINE MAINTAINS A CONFLICT OF INTEREST AND	
ETHICS STATEMENT FOR EACH EMPLOYEE, INTERN, BOARD MEMBER AND VOLUNTEER	
WHICH IS RENEWABLE ON AN ANNUAL BASIS. THIS IS CONSISTENTLY REVIEWED BY	
MANAGEMENT WHO MONITORS AND ENFORCES COMPLIANCE WITH THE POLICIES. THE	
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS THE LEVEL AT WHICH	

Name of the organization  MAKE-A-WISH FOUNDATION OF MAINE	Employer identification number 01-0477512
CONFLICTS OF INTEREST, IF ANY, ARE REVIEWED IN CASE OF A CONFLICT. THE	
RESOLUTIONS VARY FROM TERMINATION TO RECUSAL DEPENDING UPON THE TYPE OF	
INFRACTION. IF MANAGEMENT BECOMES AWARE OF ANY INFRACTION OR POSSIBILITY OF	
ONE, STEPS ARE TAKEN TO ELIMINATE ANY SUCH CONFLICT ANY BOARD MEMBER, FOR	
EXAMPLE, WOULD HAVE TO RECUSE THEMSELVES FROM ANY PARTICIPATION IN	
DELIBERATIONS, ETC.	
FORM 990, PART VI, SECTION B, LINE 15A:	
FOR 2020 COMPENSATION, THE EXECUTIVE COMMITTEE OF THE BOARD, COMPRISED	
SOLELY OF INDEPENDENT DIRECTORS, NONE OF WHOM HAVE A CONFLICT OF INTEREST	
WITH RESPECT TO THE COMPENSATION ARRANGEMENT, WAS ACCOUNTABLE FOR SETTING A	
REASONABLE COMPENSATION PACKAGE FOR THE PRESIDENT/CEO AND OTHER OFFICERS OF	
THE FOUNDATION. THE COMMITTEE PERFORMS AN ANNUAL REVIEW AND ESTABLISHES	
GOALS FOR THE NEXT FISCAL YEAR. THE COMMITTEE ALSO GATHERS BENCHMARKING	
DATA RELEVANT TO THE OFFICERS FROM COMPARABLE NATIONAL NONPROFIT	
ORGANIZATIONS AND ANALYZES THE SALARY SURVEY RESULTS PROVIDED BY	
MAKE-A-WISH FOUNDATION OF AMERICA. THE FOUNDATION'S CONTEMPORANEOUSLY	
WRITTEN RECORDS INCLUDE THE (1) TERMS OF THE COMPENSATION ARRANGEMENTS, (2)	
A DESCRIPTION OF THE COMPARABLE DATA RELIED UPON BY THE EXECUTIVE	
COMMITTEE, (3) DOCUMENTATION OF THE DECISIONS MADE BY THE EXECUTIVE	
COMMITTEE AND (4) WHO WERE PRESENT AND HOW THEY VOTED.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE SAME PROCESS LISTED ABOVE IS USED FOR OTHER STAFF, USING THE SAME	
INSTRUMENTS. SALARIES FOR STAFF OTHER THAN THE PRESIDENT/CEO ARE DECIDED BY	
THE PRESIDENT/CEO IN CONSULTATION WITH THE EMPLOYEES' IMMEDIATE SUPERVISOR	
WITHIN LIMITS SET BY THE BOARD-APPROVED BUDGET. ALL SALARY INCREASES ARE	
BASED ON METRICS FROM PERFORMANCE REVIEWS.	

<u>Schedule O (Form 990 or 990-EZ) 2020</u>	Page 2
Name of the organization	Employer identification number
MAKE-A-WISH FOUNDATION OF MAINE	01-0477512
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 ANNUAL REPORT,	
AUDITED FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE ON ITS WEBSITE AND	
ALSO MAKES SUCH DOCUMENTS AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST.	

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

**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 <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

#### 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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print MAKE-A-WISH FOUNDATION OF MAINE 01-0477512 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 66 MUSSEY ROAD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCARBOROUGH, ME 04074 Enter the Return Code for the return that this application is for (file a separate application for each return) 1 **Application** Return **Application** Return Code Code Is For Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Ω4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KATHRYN VICKERY The books are in the care of **b** 66 MUSSEY ROAD - SCARBOROUGH, ME 04074 Telephone No. ▶ 207-221-2306 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 . 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. JULY 15, 2022 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or \_, and ending AUG 31, 2021 ► X tax year beginning SEP 1, 2020 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 1-2020)