TAX RETURN FILING INSTRUCTIONS

** PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

AUGUST 31, 2021

PREPARED FOR:

MAKE-A-WISH FOUNDATION OF VERMONT 6655 SHELBURNE RD NO. 300 SHELBURNE, VT 05482

PREPARED BY:

DELOITTE TAX LLP TWO JERICHO PLAZA JERICHO, NY 11753

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

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Form	990

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. 2020 ATTC 21



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<u>A F</u>	or the	2020 Calendar year, or tax year beginning SEP 1, 2020 and	enuing A	JG 31, 2021	
В с а	heck if	c Name of organization		D Employer identif	ication number
	Addre	e MAKE-A-WISH FOUNDATION OF VERMONT			
	Name chang	Doing business as		03-0323013	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er
	Final		300	802-864-9393	3
	termin ated			G Gross receipts \$	952,313.
	Ameno	SHELBORNE, VI 03482		H(a) Is this a group r	
	Applic tion pendir	F Name and address of principal officer: JAMES HATHAWAT		for subordinates	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 527	lf "No," attach a	a list. See instructions
		e: VERMONT.WISH.ORG		H(c) Group exemption	on number 🕨
		organization: X Corporation Trust Association Other ►	L Year of	of formation: 1989	M State of legal domicile: VT
Ра		Summary			
ം	1	Briefly describe the organization's mission or most significant activities: SEE SC	HEDULE O.		
ũ					
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	1
Š	3	Number of voting members of the governing body (Part VI, line 1a)			15
		Number of independent voting members of the governing body (Part VI, line 1b)			
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			4
ZİLİ	6	Total number of volunteers (estimate if necessary)			
Ş	7a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		602,322.	767,671.
Revenue		Program service revenue (Part VIII, line 2g)		600.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,774.	
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,926.	,
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		634,770.	815,007.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		268,024.	304,763.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		274,841.	325,651.
sus(16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	84.
Expenses			978.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		248,061.	,
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		790,926.	,
_	19	Revenue less expenses. Subtract line 18 from line 12		-156,156.	-26,607.
s or			Be	ginning of Current Year	End of Year
t Assets (Id Balanc	20	Total assets (Part X, line 16)		2,353,996.	
t As ud B	21	Total liabilities (Part X, line 26)		103,610.	,
ER	22	Net assets or fund balances. Subtract line 21 from line 20		2,250,386.	2,586,241.
Pa	rt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	JAMES HATHAWAY, PRESIDENT AND CEC)	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	CHRISTINE KAWECKI	Chit Kanecki 07/14/2:	2 self-employed P00743140
Preparer	Firm's name DELOITTE TAX LLP		Firm's EIN 🕨 86–1065772
Use Only	Firm's address 👞 TWO JERICHO PLAZA		
	JERICHO, NY 11753		Phone no.516-918-7000
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2020) MAKE-A-WISH FOUNDATION OF VERMONT	03-0323013 F	- _{age} 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MAKE-A-WISH FOUNDATION OF VERMONT CREATES LIFE-CHANGING WISHES FOR		
	CHILDREN WITH CRITICAL ILLNESSES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes 🛛	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🛛	K No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	
	revenue, if any, for each program service reported.	, , ,	
4a	(Code:) (Expenses \$ 612,138. including grants of \$ 304,763.) (Rever	ue \$	0.)
	DURING THE FISCAL YEAR ENDING AUGUST 31, 2021, MAKE-A-WISH FOUNDATION		/
	OF VERMONT GRANTED THE WISHES OF 30 CHILDREN WITH CRITICAL ILLNESSES.		
	THE TOTAL COST OF WISHES GRANTED FOR THE FISCAL YEAR WAS \$353,769. OF		
	THIS AMOUNT, \$49,006 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 \$49,006 OF CONTRIBUTED		
	SERVICES AND USE OF FACILITIES BE EXCLUDED FROM BOTH REVENUE AND		
	EXPENSE.		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	iue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 612,138.		
		Form 990	(2020)

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Form 990 (2020) MAKE-A-WISH FOUNDATION OF VERMONT
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		x
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		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		х

Form **990** (2020)

			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	х	
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		х
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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
~-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	• • • • •	37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30		1
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		162	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
~		4		

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

1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (contraced) Yes No 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Za 4 A bit at least one is reported on ine 2a, did the organization file all required tedral employment tax returns? Za Xa Xa 3a Dat the organization have unrelated builtings gross income of \$1,000 or more during the year? Za Xa	Form	990 (2020) MAKE-A-WISH FOUNDATION OF VERMONT 03-032301	3	Р	age 5
ga Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Za 4 b If at least one is reported on line 2a, did the organization file all required federal employment fax returns? Zb X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e_rile</i> (see instructions) Zb Xa D of the organization have unretable busines groups income of 31, Ook or mee during the year? Zb Xa D if Tws, 'Inst if field a form 900 T for this year? /f 'Vo' to <i>line 3b, provide an explanation on Schedule O</i> Zb Xa B if Tws, 'Inst if field a form 900 T for this year? /f 'Vo' to <i>line 3b, provide an explanation on Schedule O</i> Zb Xa B if Tws, 'Inst if field a form 900 T for this year? /f 'Vo' to <i>line 3b, provide an explanation on Schedule O</i> Zb Xa B of any taxable party notify the organization have an tran y line during that axy year? Zb Xa Xa D of any taxable party notify the organization far for RBB for BBB for any transaction any express statement that such contributions org ffs we not tax deductible? Zb Xa D If 'Yes, 'indicate the number of the mognization far for RBB for Auge the value of the good contributions or gffs we not tax deductible? Zb Xa D If 'Yes, 'indicate the number of the RBB for Auge the value of the good	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
interform Image: The set of the origin table of the set of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the table of the origin table of the oright table of the				Yes	No
b If a test core is reported on line 2a, did the organization file all required teachard employment tax retures? gb X 3a Det the organization have uncellated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has If field a Form 990 To this year? if "No't to line 2b, provide an explanation on Schedule O 3a X 3b If "Yes," has If field a Form 900 To this year? if "No't to line 2b, provide an explanation on Schedule O 3a X 3b If "Yes," has If field a Form 900 To this year? if "No't to line 2b, provide an explanation on Schedule O 3a X 3c If "Yes," has If field a Form 900 To this year? if "No't to line 2b, provide an explanation on Schedule O 3a X 3c If "Yes," to line 5a or 5b, diff the organization field from 8886 T2 5a X 3c Use any contributions taw wen not schedule from 8886 T2 5a X 3c Uf "Yes," in diff the organization include with every solicitation an express statement that such contributions or gifts were not sax deductible contributions under section 170(c). 5a X 3c Uf 'Yes," indicate the number of forms 8282 field during the year? 7a X Y 3c Uf 'Yes," indicate the number of forms 8282 field during the year? Yes X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a- <i>hde</i> (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a- <i>hde</i> (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a- <i>hde</i> (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a- <i>hde</i> (see instructions) Image: The sum of lines 1a and 2a is greater to of \$1,000 or more during the yea? Image: The sum of lines 1a and 2a is greater than 250, you may be required to a- <i>hde</i> (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a- <i>hde</i> (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you may be required to a <i>hde</i> (see instructions) Image: The sum of lines 1a and 2a is greater than 250, you have an interest in, or a signature or other sample counts? Image: The sum of lines 1a and 2a is greater than 250, you have an interest in, or a signature or other sample counts? Image: The sum of lines 1a and 2a is greater than 250, you have an interest in you have an interest in your book and be an organization network end where you be an onitable to a scheter the ansaction? Image: The sum of the sum of the sum of the sum of the sum of the you? Image: The sum of the sum of the sum of the sum of the sum of the your of the sum o		filed for the calendar year ending with or within the year covered by this return 2a 4			
a Did the organization have uncellated business gross income of \$1,000 or more during the year? 3a X b If Yes, "has if field a Form 980-F for this year? // "No' to <i>line 3b, provide an explanation</i> on Schedule O 3b - d At any time during the calendar year, did the organization have an interest in, or a signature or other submity over, a transaction to the formancial account? 3b - b If Yes, "near the name of the foreign country (such as a bank account, socurities account, or other financial account); 5c - See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X 6 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every socialization express statement that such contributions or gifts were not tax deductible as charitable contributions? 5a X 9 If Yes, "in the organization include with every socialization acceuses statement that such contributions or gifts were not tax deductible? 7a X 0 If Yes, "inter interves a payment meases of \$75 made parity as contribution and parity for goods and serices provided to the payor? 7a X 0 If Yes, "interves apprent meases of \$75 made parity as contribution and parity for goods and serices provided to the payor? 7a X 10 If Yes, "interinterity or equiptient tax sociality in the	b		2b	х	
b If "Yes," this it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other studhorty over, a financial account in a foreign country (such as a back account socurities account or other financial account)? 4a X b I" Yes," enter the name of the foreign country (such as a back account socurities account or other financial accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tas whether transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that two or is a party to a prohibited tas whether transaction? 5a X 5a Did any taxable party notify the organization that two or is a party to a prohibited tas whether transaction? 5a X 5a Did any taxable party notify the organization that two or is a party to a prohibited tas whether transaction? 5a X 5a Did bit organization neuk acducibile? To any contributions or gifts were not tax deducibile? 7a X 7b Tws," did the organization notify the donor of the value of the gods or any party for gods and services provided? 7b X 7b Tws," did the organization notify the donor of the value of the gods or any cancices provided? 7		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
b If "Yes," hait it liked a Form 500-Tro this yea? If Yes," that it liked a Form 500-Tro this yea? If Yes," that it liked a Form 500-Tro this yea? If Yes," that it may not the organization have a bank account, or other financial account)? If Yes," that the name of the foreign country (buch as a bank account, securities account, or other financial account)? If Yes," that the name of the foreign country (buch as a bank account, securities account, or other financial account)? If Yes," that the the name of the foreign country (buch as a bank account, securities account, or other financial account)? If Yes," that the organization have not any the year? If Wes," that the organization have not any the securities account, year? If Wes," that the organization have not ax deductible as charatable contributions? If Wes," that the organization have not tax deductible as charatable contributions? If Wes," that the organization have not tax deductible as charatable contributions? If Wes," that the organization have not tax deductible contributions on grifts were not tax deductible? If Wes," that the organization have not tax deductible contributions under section 170(c). If Wes," that the organization notify the donor of the value of the goods or services provided? If A X If Wes," did the organization and, were setting the section 170(c). If Wes," did the organization notify the donor of the value of the goods or services provided? If X X If Wes," did the organization notify the donor of the value of the goods or services provide? If Wes," did the organization have accounthaves the section 170(c). If We	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
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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?		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

	990 (2020) MAKE-A-WISH FOUNDATION OF VERMONT		03-032301		Р	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	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	1a	15			
	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	15			
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	direc	supervision			
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	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 read					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code)			
		venue	<u>coue.</u> /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
			, uninatos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	50101				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0		
Ŭ	in Schedule O how this was done \dots	,		12c	х	
13				13	х	
14				14	х	
15	Did the organization have a written document retention and destruction policy?			1.4		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	х	
				15a 15b		x
U	Other officers or key employees of the organization			130		-
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ont w	ith a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
				166		
Sec	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed \bigvee ^T			م میراند ک		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	ia 990	-1 (Section 501(C)(3)	s only)	avalla	ne
	for public inspection. Indicate how you made these available. Check all that apply.	-				
40	X Own website Another's website X Upon request Other (explain		,	L.C	-:-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict c	or interest policy, and	i tinano	cial	
	statements available to the public during the tax year.	1	• • • • • •			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	a records			
	JAMES HATHAWAY - 802-864-9393 6655 SHELBURNE RD, SUITE 300, SHELBURNE, VT 05482					
	6655 SHELBURNE RD, SUITE 300, SHELBURNE, VT 05482					

Form 990 (2	2020) MAKE-A-WISH FOUNDATION OF VERMONT	03-0323013	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with o	or within the organization	n's tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of comper	nsation.

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.

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

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

Name and title Average hours per between methods weight weight weight between methods weight between methods weight betw	(A)	(B)				C)			(D)	(E)	(F)
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(16) JAMES HATHAWAY 40.00	(15) TERRELL TITUS	3.00									
	DIRECTOR		Х						0.	Ο.	0.
PRESIDENT & CEO X 101,000. 0. 18,400.	(16) JAMES HATHAWAY	40.00									
	PRESIDENT & CEO				Х				101,000.	0.	18,400.

	990 (2020)	MAKE-A-WISH	FOUNDATION	OF	VER	MON	т				03-03	2301	3	P	Page 8
Par	t VII _{Secti}	ion A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
		(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	l than c s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) stimate nount other	of
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fi org an	pensa rom th janizat d relat anizati	ne tion ted
1b	Subtotal _				<u> </u>			<u> </u>		101,000.		٥.		18,	,400.
		continuation sheets to Part VI lines 1b and 1c)								0.		0. 0.		18,	0. ,400.
2		er of individuals (including but r ion from the organization 🕨	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			1
												ſ		Yes	No
3	Ũ	anization list any former officer				•	-		Ŭ	•			-		
4		Yes, " complete Schedule J for s ividual listed on line 1a, is the su											3		X
4		organizations greater than \$15											4		x
5	Did any per	rson listed on line 1a receive or a the organization? <i>If</i> "Yes," con	accrue compen	isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		5		x
Sec		pendent Contractors													
1	•	his table for your five highest co ation. Report compensation for	•	•							•	oensat	tion fro	om	
		(A) Name and business	address	NO	NE					(B) Description of s	ervices	С		C) nsatio	on
2		er of independent contractors (i f compensation from the organi		ot lin	niteo	to t		se lis D	ted	above) who received mo	bre than				

arl	: VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a respo	nse	or note to any line		(5)	(6)	
							(A)	(B)	(C)	(D) Revenue excli
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax un
								lanetion revenue		sections 512 ·
Ś	1 a	Federated campaigns		1a		12,402.				
iun		Membership dues								
and Other Similar Amounts		Fundraising events				102,661.				
ΓA		Related organizations								
lia		Government grants (contr				61,782.				
Sin		All other contributions, gifts,								
ler						590,826.				
₽		similar amounts not included				46,624.				
p	-	Noncash contributions included in					767 671			
a	h	Total. Add lines 1a-1f					767,671.			
						Business Code				
	2 a									
Ð	b									
nu	с									
eve	d									
Revenue	е									
	f	All other program service	reve	nue						
		Total. Add lines 2a-2f								
	3	Investment income (includ								
	•	other similar amounts)	v	-			41,025.			41,
	4	Income from investment of								,
				•		· · · ·				
	5	Royalties	·	(i) Real		(ii) Personal				
		. .				(ii) Feisonai				
		Gross rents								
		Less: rental expenses \dots	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss)			····· •				
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	139,3	43.					
	b	Less: cost or other basis								
		and sales expenses	7b	117,4	51.					
	с	Gain or (loss)	7c	21,8	92.					
	d	Net gain or (loss)					21,892.			21,
5		Gross income from fundraisi								
	•	including \$	-							
1		contributions reported on								
				-	0	4,274.				
	J.,	Part IV, line 18			<u>8a</u> 8b					
		Less: direct expenses					-7,719.			
		Net income or (loss) from		-	ເຮ [▶	- , , , , , , , , , , , , , , , , , , ,			-7,
	9 а	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from	-	-	· <u> </u>	····· 🕨 🛔				
-	10 a	Gross sales of inventory,	ess	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b	7,862.				
		Net income or (loss) from			y .		-7,862.			-7,8
T	-					Business Code	,			,
.	11 a									
Iue					_					
en	b				_	+				
>	С									
Bev										
Revenue		All other revenue Total. Add lines 11a-11d								

MAKE-A-WISH FOUNDATION OF VERMONT

03-0323013 Page **10**

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) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (A) (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 304,763, 304,763, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 20,072. 125,001 trustees, and key employees 75,160. 29,769 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 148,314. 35,223. Other salaries and wages 89,099. 23,992. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,749 1,650, 651 448. 23,982 14,475, 5,780 3,727. Other employee benefits 9 25,605 15,422. 6,130 4,053. 10 Payroll taxes 11 Fees for services (nonemployees): 585 585 Management а b Legal 27,810, 25,434 2,376. С Accounting Lobbying d 84. 84. Professional fundraising services. See Part IV, line 17 е 6,617. Investment management fees 6,617. f Other. (If line 11g amount exceeds 10% of line 25, g 6,662 3,971, 1,713 978. column (A) amount, list line 11g expenses on Sch 0.) 2,905 2,905. Advertising and promotion 12 24,084. 6,780 6,561. 37,425. Office expenses 13 7,646. 3,850 14,060. 2,564. Information technology 14 15 Royalties 24,687 14,951, 6,013 3,723. 16 Occupancy 4,010, 194. 3,802 14. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 281. 1,560. 393 886 Conferences, conventions, and meetings 19 801 485. 195 121. 20 Interest Payments to affiliates 21 4,880, 2,939, 1,169 772. Depreciation, depletion, and amortization 22 23 Insurance 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 78,717, 56,676, 11,808 10,233. а MEMBERSHIP DUES 380. 230 93 57. b MERCHANT FEES 17. 17. С

841,614

612,138

146.498

 e All other expenses
 <u>7 total functional expenses</u>. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

d

82,978.

Form 990 (20	020)	MAKE-A-WISH	FOUNDATION	OF	VERMONT
Part X	Balance Sheet				

		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			463,093.	1	265,171.
	2	Savings and temporary cash investments	79,957.	2	109,818.		
	3	Pledges and grants receivable, net	137,109.	3	261,916.		
	4	Accounts receivable, net	300.	4			
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disqual	fied perso				
		under section 4958(f)(1)), and persons describe	d in sectio	n 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			13,024.	8	5,545.
As	9	B			49,831.	9	27,171.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,771.			
	b	Less: accumulated depreciation		26,603.	7,379.	10c	6,168.
	11	Investments - publicly traded securities			1,592,272.	11	1,961,175.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		11,031.	15	11,569.	
	16	Total assets. Add lines 1 through 15 (must equ			2,353,996.	16	2,648,533.
	17	Accounts payable and accrued expenses			16,782.	17	55,672.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela	-	F		23	
	24	Unsecured notes and loans payable to unrelate	d third pa		61,782.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). (Complete Part X			
		of Schedule D			25,046.	25	6,620.
	26	Total liabilities. Add lines 17 through 25			103,610.	26	62,292.
		Organizations that follow FASB ASC 958, che	ck here	X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,777,543.	27	1,975,158.
Bal	28	Net assets with donor restrictions			472,843.	28	611,083.
pu		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.					
°,	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,250,386.	32	2,586,241.
_	33	Total liabilities and net assets/fund balances			2,353,996.	33	2,648,533.

Form **990** (2020)

Form	990 (2020) MAKE-A-WISH FOUNDATION OF VERMONT	03-032301	3	Pa	_{ge} 12		
	rt XI Reconciliation of Net Assets				-		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		815,	007.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		841,	614.		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,250,	386.		
5	Net unrealized gains (losses) on investments	5		242,	429.		
6	Donated services and use of facilities	6		120,	033.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2	,586,	241.		
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 ().					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit					
	Act and OMB Circular A-133?		3a		x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
				000			

Form **990** (2020)

SCHEDULE A	١
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Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047	
0000	

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.										
Department of the Treasury				Attach to Form 990 or F					Open to Public	
Inter	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection		
Nar	ne of t	the organizati	on						Employer	r identification number
				-WISH FOUNDATIC						03-0323013
Pa	art I	Reason	for Public (Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructio	าร.	
The	organ	ization is not a	a private found	lation because it is: (For lines 1 through 12, cl	neck only	one box.)			
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3										
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	init describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	unction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college) or
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersl	nip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of i	ts support f	rom gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	ıfter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusion	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		-	-	-	ively for the benefit of, to				•	
				-	d in section 509(a)(1) o					Check the box in
	_	-	•		f supporting organizatior		-		-	
á					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting
	_	¬ ~		complete Part IV, Se						
t	<u>ר</u>			-	or controlled in connect			-		-
			•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted
		¬ ~	. ,	t complete Part IV,						
C			-	• • • •	g organization operated				liy integrate	a with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
C	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness									
				•	e ,			-	a an allenin	reness
			•	,	nplete Part IV, Sections	-				
e	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.									
	F Ent	er the number								
				n about the supporte	d organization(s)					L
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10	Yes	ing document? No	support (see i	nstructions)	support (see instructions)
				1	above (see instructions))		+			1

Schedule A (Form 990 or 990-EZ) 2020 MAKE-A-WISH FOUNDATION OF VERMONT

 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) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,047,234.	1,099,826.	940,872.	602,322.	767,671.	4,457,925.	
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	1,047,234.	1,099,826.	940,872.	602,322.	767,671.	4,457,925.	
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)						170,336.	
6	Public support. Subtract line 5 from line 4.						4,287,589.	
	ction B. Total Support						, ,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 4	1,047,234.	1,099,826.	940,872.	602,322.	767,671.	4,457,925.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	52,918.	57,230.	52,255.	47,518.	41,025.	250,946.	
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.)	2,621.	14,149.	45,797.	4,350.	4,274.	71,191.	
11	Total support. Add lines 7 through 10	, -	, -	, -	, -	, -	4,780,062.	
	Gross receipts from related activities,	etc (see instructio	ns)			12	5,400.	
	First 5 years. If the Form 990 is for th		,			· · · ·	,	
	organization, check this box and stop							
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2020 (li			olumn (f))		14	89.70 %	
	Public support percentage from 2019		•			15	85.82 %	
						· · · · ·		
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
~	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts						-	
	meets the facts-and-circumstances te			-		-		
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is 1		
	more, and if the organization meets th	-					270 01	
	organization meets the facts-and-circu							
18	Private foundation. If the organizatio		•					
		and not oncon a b		$, \ldots,	- 5.1661 and 667 a		····· 🔽 🔽	

Schedule A (Form 990 or 990-EZ) 2020

03-0323013

Schedule A (Form 990 or 990-EZ) 2020 MAKE-A-WISH FOUNDATION OF VERMONT 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.)

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(5) 2017	(0) 2010		(0) 2020	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,
							>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
-	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2020. If the					3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	►
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

Part IV Supporting Organizations (continued)

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Yes

1

2

No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a 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		
c 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		
Section B. Type I Supporting Organizations			

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 Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove 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.
0	Did the examination energies for the banafit of any supported examination other than the supported

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 of	organization.
Section C. Type II Supporting Organ	nižations

 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
 Image: Control of the support of the

Section 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that	he organization used to satisf	y the Integral Part Test during	the year (see instructions).
---	---------------------------------------	--------------------------------	---------------------------------	------------------------------

- a The organization satisfied the Activities Test. *Complete* line 2 *below*.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instruct	ion <u>s)</u> .
---	--	--------------------------------	----------------------	-------------------------	----------------------	--------------------------------	-----------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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* **Part VI.**
- **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* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Yes No

Schedi Part	V Type III Non-Functionally Integrated 509(a)(3) Supportin	na Organ	izations	03-0323013 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Dort VII) See instruction
•	All other Type III non-functionally integrated supporting organizations must			Part VI). See instruction
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b /	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Fotal (add lines 1a, 1b, and 1c)	1d		
еſ	Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 5	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
	Vet value of non-exempt-use assets (subtract line 4 from line 3)	5		
	/ultiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Vinimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
6 E	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020 MAKE-A-WISH FOUNDATION OF VERMONT

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Schedule A (Form 990 or 990-EZ) 2020

instructions).

Dort V Type III Nep Eurotionally Integrated 500(a)(2) Support
Schedule A (Form 990 or 990-EZ) 2020 MAKE-A-WISH FOUNDATION OF VERMO

00110					i ago i
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	led)	
Sect	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	
6	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)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2020	ns	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				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	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				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	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.				
6	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.				
8	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: \$ 2,621.
2017 AMOUNT: \$ 10,123.
2018 AMOUNT: \$ 21,604.
2019 AMOUNT: \$ 1,085.
2020 AMOUNT: \$ 4,274.
GROSS INVENTORY SALE
2016 AMOUNT: \$ 0.
2017 AMOUNT: \$ 4,026.
2018 AMOUNT: \$ 24,193.
2019 AMOUNT: \$ 3,265.
2020 AMOUNT: \$ 0.

Schedule B

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

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

ion number

Name of the organization	1	Employer identificati
1	MAKE-A-WISH FOUNDATION OF VERMONT	03-0323013
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

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

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

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

Name of organization

Page **2** Employer identification number

03-0323013

MAKE-A-WISH FOUNDATION OF VERMONT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$138,187.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$61,782.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$41,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,260.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$25,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$22,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Name of organization

MAKE-A-WISH FOUNDATION OF VERMONT

Employer identification number

03-0323013

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

03-0323013

MAKE-A-WISH FOUNDATION OF VERMONT

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	RAVEL, M&E, SUPPLIES		
		\$2,360.	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

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

Page **4**

Name of or	ganization		Employer identification number
MAKE-A-W	ISH FOUNDATION OF VERMONT		03-0323013
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	nrough (e) and the following line en aritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git ZIP + 4	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of git ZIP + 4	ift Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of git	
F	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

SCHEDULE D	Suppleme
(Form 990)	Complete if th Part IV, line 6, 7, 8,

ental 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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and			Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection
Nam	e of the organizat	ON MAKE-A-WISH FOUNDATION OF V	7ED MONT	Employer	identification number 03-0323013
De					
Pa		-	d Funds or Other Similar Funds or A	ccounts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin		(h.) E	-1 - 41 4 -
			(a) Donor advised funds	(b) Funds an	d other accounts
1		nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fun		
			exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	only	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ring	
	impermissible priv				Yes No
Pa	rt II Conserv	ration Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/, line 7.	
1	Purpose(s) of con	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education) 🛛 🗌 Preservation of a hist	orically impo	rtant land area
	Protection of	of natural habitat	Preservation of a cert	tified historic	structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribution in the form of a co	onservation e	asement on the last
	day of the tax yea	r.		Held	at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest			2b	
с	Number of conser		ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
	listed in the Natio	nal Register	·	2d	
3			eased, extinguished, or terminated by the organ	ization during	o the tax
	vear 🕨		, <u> </u> , , , ,		
4		where property subject to conservation eas	sement is located		
5		ation have a written policy regarding the per			
-	-	forcement of the conservation easements it			Yes No
6			handling of violations, and enforcing conservati		
Ŭ					s daning the year
7	Amount of expone		lling of violations, and enforcing conservation ea	ecomonte dur	ing the year
'	► \$	ses meaned in monitoring, inspecting, hand		Joomenio uui	ing the year
8		aution assement reported on line 2(d) show	e satisfy the requirements of section 170(h)(4)(B	\/i\	
0	and section 170/h		e satisfy the requirements of section 170(1)(4)(D	7(7)	

-						
	and section 170(h)(4)(B)(ii)?	No No				
9	9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's accounting for conservation easements.					
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,				
	provide the following amounts relating to these items:					
	(i) Bevenue included on Form 990. Part VIII, line 1	► \$				

			Ψ.	
	(ii) Assets included in Form 990, Part X		\$	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	ovide	e	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$	
b	Assets included in Form 990, Part X		\$	

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

Schedule D (Form 990) 2020

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Ising the organization's accussion, and other records, check any of the following that make significant use of its collection tens (check at that apply): □ Public within □ Check within a constraint of source of the organization's collections and explain how they buther the organization's accentry of the organization sollections of at, historical treasures, or other similar assets □ Provide a description of the organization's collections of at, historical treasures, or other similar assets □ be sold to ore field. Park 1, the 2, the organization's accentry of the organization's collection? □ Tree provide a anomator form 60, Park 1, the 2, the organization's accentry of the organization accentry of the organization accentry of the organization and the provide anomator form 60, Park 1, the 2, the organization answered "Yes" on Form 900, Park IV, line 0, or responder an anomator form 60, Park 1, the 2, the 2, the complete the following table: □ Berlinding balance □ Berlinding balance □ Check and anomator form 60, Park 1, the 2, the	Sche	dule D (Form 990) 2020 MAKE-A-WISH	FOUNDATION OF	VERMONT					03-032	3013	P	'age 2
collecton lems (check all that apply): □ Colle collection □ Colle collection □ Collection lems (check all that apply): □ Collection apply (check and collection apply): □ Collection apply (check and collection apply): □ Collection apply (check and collection apply): □ Collection apply (check and collection apply): □ Collection apply: □ Collection apply (check and collection apply): □ Collection apply: <	Par	t III Organizations Maintaining Co	ollections of Ar	t, Histori	cal Tre	asures, or	^r Other	Simila	r Assets	(contir	nued)	
a Public exhibition d □ can or exchange program b Scholary research e Other c Preservation for hurse generations e Other c Preservation for hurse generations e Other c Preservation for hurse generation social correleve donations of art, historical treasures, or other similar assets to be soil to raise funds rather than to be maintained as part of the organization's collection? Ives No PartIVE Excove and Custofial Arrangements: Complete the organization answered "Yes" on Form 590, Part X, line 9, or reported an amount on Form 590, Part X, line 21. Ives No d Is the organization angent, trustee. custofial or orther intermediary for contributions or other assets not included on Form 590, Part X, line 9, or reported an amount on Form 590, Part X, line 21, for escrow or custofial account flability? Ves No b If "ves," explain the arrangement in Part XIII and complete the following table: Int	3	Using the organization's acquisition, accession	n, and other records	s, check an	y of the f	ollowing that	make sig	nificant u	use of its			
b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's center shall assets to be sold the organization solicitor receive donations of art, historical treasures, or other shall assets to be sold to raise funds attained than to be maintened as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. c Beginning balance 1 1 1 d Additions during the year 1 1 1 d Detributions during the year 1 1 1 d Detributions during the year 1 1 1 d Detributions during the year 1 1 1 1 d Detributions during the year 1 1 1		collection items (check all that apply):										
b Scholarly research e Other c Prevare the for future generations 4 Provide a description of the organization is collections and explain how they further the organization or some generations is to be add the organization allocid or receive donations of art, historical researce, or other similar assets to to form 990, Part X, line 21. Image: Collection of the organization answered "Ves" on Form 990, Part X, line 2. 7 Ta is the organization angent, trustee, custodian or other intermediaty for contributions or other assets not included on Form 900, Part X, line 21. Image: Collection of the organization answered "Ves" on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 21. 1a Distinguisation include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 21. Image: Collection of the organization include an amount on Form 990, Part X, line 10. 1a Beginning of year balance Ima	а	Public exhibition	d	I 🗌 Loa	an or excl	hange progra	ım					
c Prevention for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets	b	Scholarly research	е									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be avide to raise funds ather than to be maintained as part of the organization's collection? Part IV Escrow and CustoCial Arrangements. Complete if the organization answered 'Ves' on Form 980, Part X, line 9, or reported an amount on Form 980, PArt X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X2 Begrinning balance Cending balance Gegrinning of year balance Gegrinning of year balance Gegrinning of year balance Gegrinning of year balance Gegrinning of year balance Gegrins or scholestipp Gegrins	с											
5 During the year, did the organization solution or eacher donations of art, historical treasures, or other similar assarts	4		llections and explair	how they	further th	e organizatio	n's exem	pt purpo	se in Part	XIII.		
tops sold to raise funds: rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The second custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Yes No Ia Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Yes No b If 'Yes, ' explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included Image: Complete intermediary for contributions or other assets not included c Beginning balance Image: Complete intermediary for escrow or custodial account lability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No for form so scholarships Image: Complete intermediary for years back. Image: Complete intermediary for years back. Image: Complete intermediary for years back. Image: Complete intermediary for science intermediary f	5											
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table: Ves No If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete table:										Yes		No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: 1a Is de organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1b Tyes,' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2b Did the organization answered 'Yes' on Form 900, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment FundS. Complete if the organization naswered 'Yes' on Form 900, Part X, line 10. Intervents back (d) Three years back (d) Four years back (d) Four years back (d) Four years back (d) Four years back (e) Four years back (e) Four years back (d) Four years back (d) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Four years back (e) Four years back	Par											
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on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id d Additions during the year Id d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line IO. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line IO. Image: State St	1a	Is the organization an agent, trustee, custodia	an or other intermed	iarv for con	tributions	s or other ass	ets not in	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount d Image: the second										Yes		No
c Beginning balance Image: Construction of the year d Additions during the year Image: Constructions during the year e Distributions during the year Image: Constructions during the year f Ending balance Image: Constructions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation nawced "Yes" on Form 990, Part X, line 10. Image: Constructions during the year Image: Construction of the year is construction of the year is constructions during the year is constructions. Image: Construction of the year is construction. 1a Beginning of year balance Image: Construction of the year is construction. Image: Construction of the year is construction. Image: Construction of the year is construction. 1a Beginning of year balance Image: Construction of the year is construction. Image: Construction of the year is construction. Image: Construction of the year is construction. 1a Grants or scholarships Image: Construction. Image: Construction. Image: Construction. Image: Construction. 1b Other expenditures for facilities Image: Construction. Image: Constructis construction.	b								······ —]]
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d Additions during the year 1d e Distributions during the year 1e 12 Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back. (c) Four years back.<	c	Beginning balance						10		/ into an	<u>.</u>	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided on Part XIII Image: the provided in the provided in the provided on Part XIII Image: the provided in the provided in the provided on Part XIII Image: the provided in the provid												
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State Stat												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 100, 000. 12, 749. 43, 626. 42, 063. 1a Contributions 131, 454. 67, 043. 12, 749. 43, 626. 42, 063. a Contributions 132, 327. 33, 921. 32, 055. 37, 677. f Administrative expenses 966, 563. 735, 109. 800, 393. 821, 565. 809, 994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment 58. 5300	-											
b If "Yes", "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back. (d) Three years back. (e) Four years back. 1a Beginning of year balance 100,000. 000. 000. 000. c Net investment earnings, gains, and losses 131,454. 67,043. 12,749. 43,626. 42,063. d Grants or scholarships 0 0 000. 000. 000. 000. 000. e Other expenditures for facilities 131,454. 67,043. 12,749. 43,626. 42,063. and programs 132,327. 33,921. 32,055. 809,994. 805,608. g End of year balance 966,563. 735,109. 800,393. 821,565. 809,994. 2 Provide the estimated percentage of the current year ond balance (line 1g, column (a)) held as: 80a7 designated or quasi-endowment ▶ 32,1500. % b Permanent endowment ▶ 32,200.9% <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Vec</td><td></td><td></td></td<>										Vec		
Part V Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 100,000. 0 <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td> L</td> <td>_</td> <td></td> <td></td>		-						•	L	_		
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 735, 109. 800, 393. 821, 565. 809, 994. 805, 608. b Contributions 131, 454. 67, 043. 12, 749. 43, 626. 42, 063. c Met investment earnings, gains, and losses 131, 454. 67, 043. 12, 749. 43, 626. 42, 063. c Other expenditures for facilities 132, 327. 33, 921. 32, 055. 37, 677. f Administrative expenses 966, 563. 735, 109. 800, 393. 821, 565. 809, 994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasiendowment ▶ 58, 5300 % b Permanent endowment ▶ 32, 200. % % Yes No gai(i) X 32, 000. % % Yes No gai(ii) Re the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-ations Yes No ii		t V Endowment Funds. Complete if	the organization an	planation n	as been j	rm QQ0 Part	IV line 1		<u></u>			
1a Beginning of year balance 1735,109. 800,393. 821,565. 809,994. 805,608. b Contributions 100,000. 100,000. 100,000. 100,000. c Net investment earnings, gains, and losses 131,454. 67,043. 12,749. 43,626. 42,063. Grants or scholarships 132,327. 33,921. 32,055. 37,677. c Other expenditures for facilities 132,327. 33,921. 32,055. 809,994. g End of year balance 966,563. 735,109. 800,393. 821,565. 809,994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a 800,393. 821,565. 809,994. 2 Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a a addition (a) addition (a) 3 Board designated or quasi-endowment ▶ 32,1500 % b addition (a) addition (vaara baalu	(-) [haali
b Contributions 100,000. 1 1 1 1 c Net investment earnings, gains, and losses 131,454. 67,043. 12,749. 43,626. 42,063. d Grants or scholarships 132,327. 33,921. 32,055. 37,677. d Administrative expenditures for facilities and programs 132,327. 33,921. 32,055. 37,677. f Administrative expenditures for facilities and programs 966,563. 735,109. 800,393. 821,565. 809,994. g End of year balance 966.563. 735,109. 800,393. 821,565. 809,994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 58.5300 % b Permanent endowment ▶ 32,1500 %	4.	Pasinging of your holenes			-					(e) Four		
c Net investment earnings, gains, and losses 131, 454. 67, 043. 12, 749. 43, 626. 42, 063. d Grants or scholarships 131, 454. 67, 043. 12, 749. 43, 626. 42, 063. e Other expenditures for facilities and programs 132, 327. 33, 921. 32, 055. 37, 677. f Administrative expenses 966, 563. 735, 109. 800, 393. 821, 565. 809, 994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 58.5300 % b Permanent endowment ▶ 32,1500 % % % Yes No c Term endowment ▶ 32,1500 % % Yes No % % Yes No % % Yes No % % % % Yes No %<			,		0,393.	021	, 505.	0	09,994.		005,	000.
d Grants or scholarships			-		7 042	1.2	740		12 626		10	062
e Other expenditures for facilities and programs 132,327. 33,921. 32,055. 37,677. f Administrative expenses 966,553. 735,109. 800,393. 821,565. 809,994. g End of year balance 966,553. 735,109. 800,393. 821,565. 809,994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 58.5300% b Permanent endowment ▶ 3220% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations			131,454.	C	7,043.	12	,749.		43,020.		42,	003.
and programs 132,327. 33,921. 32,055. 37,677. f Administrative expenses 966,563. 735,109. 800,393. 821,565. 809,994. g End of year balance 966,563. 735,109. 800,393. 821,565. 809,994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 58.5300 % b Permanent endowment ▶ 32,1500 % % % the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) x (i) Unrelated organizations												
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g End of year balance 966,563. 735,109. 800,393. 821,565. 809,994. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 58,5300 % b Permanent endowment ▶ 32.1500 % % % c Term endowment ▶ 9.3200 % % c Term endowment ▶ 9.3200 % % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X (ii) Nelated organizations				1:	2,327.	33	,921.		32,055.		37,	677.
2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses										
a Board designated or quasi-endowment ▶ 58.5300 % b Permanent endowment ▶ 32.1500 % c Term endowment ▶ 9.3200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations answered "Yes" on line 3a(ii) x (iii) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (i) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (e) preciation 1a Land	g						,393.	8	21,565.		809,	994.
b Permanent endowment ▶ 32.1500 % c Term endowment ▶ 9.3200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment 32,771, 26,603, 6,168. e Other	2	Provide the estimated percentage of the curre		e (line 1g, c	olumn (a)) held as:						
c Term endowment ▶	а	Board designated or quasi-endowment	58.5300	_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Equipment (ii) Second (iii) must equal Form 990, Part X, column (B), line 10c.) (iii) Related (iii) must equal Form 990, Part X, column (B), line 10c.) (iii) Related (iii) Related (b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land	С	Term endowment 9.3200	6									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (i) Unrelated organization and the form 990, Part X, column (B), line 10c.) (ii) Cost or other b Suite 10. Complete 10. Co		The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings 5 5 5 c Leasehold improvements 32,771. 26,603. 6,168. e Other 32,771. 26,603. 6,168. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,168.	3a	Are there endowment funds not in the posses	sion of the organiza	ation that ar	e held an	nd administer	ed for the	organiza	ation	,		
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 5 5 c Leasehold improvements 32,771. 26,603. d Equipment 32,771. 26,603. e Other 5 5 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5 6,168.		by:									Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings		(i) Unrelated organizations								3a(i)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment a 32,771. 26,603. 6,168. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,168.										3a(ii)		X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b									3b		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				wment fund	ls.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipme	ent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	I "Yes" on Form 990), Part IV, lir	ne 11a. S	ee Form 990,	, Part X, li	ine 10.				
1a Land		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	e
b Buildings					• •		• •					
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment 32,771. 26,603. 6,168. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,168.												
e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						32,771.		26	603.		6.	168.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						, ,		,			,	
				X column (B) line 1						6	168.
	1010		<u>juai roini 990, Falt</u>	<u>, coiuinin (</u>	ו שוווו גע וווו	<i></i>			Schedule	D (Forn		

032052 12-01-20

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or 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" on Form 990, Part IV, line 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.)	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 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	6,108.
(3)	CAPITAL LEASE OBLIGATIONS	512.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	6,620.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2020 MAKE-A-WISH FOUNDATION OF VERMONT			03-0323013	B Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Re	evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,263,906.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	242,429.		
b	Donated services and use of facilities	2b	205,368.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	447,797.
3	Subtract line 2e from line 1			3	816,109.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,617.		
b	Other (Describe in Part XIII.)	4b	-7,719.		
с				4c	-1,102.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	815,007.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	928,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	85,335.		
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)		7,719.		
е	Add lines 2a through 2d			2e	93,054.
3	Subtract line 2e from line 1			3	834,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,617.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	6,617.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	841,614.
Pa	rt XIII Supplemental Information.				

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

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO INVESTMENTS IN

PERPETUITY, THE INCOME FROM WHICH IS EXPENDABLE TO SUPPORT ANY

WISH-GRANTING ACTIVITIES OF THE FOUNDATION.

PART X, LINE 2:

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

FOUNDATION AT AUGUST 31, 2021 AND 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES

-7,719.

Schedule D) 20

MAKE-A-WISH FOUNDATION OF VERMONT

Schedule D (Form 990) 2020	MAKE-A-WISH FOUNDATION OF VERMONT		03-0323013	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	rmation (continued)			
PART XII, LINE 2D - OTHER AD	JUSTMENTS:			
,,				
FUNDRAISING EVENT EXPENSES		7,719.		

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	•	e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2020		
Department of the Treasury		Attach to Form 99						Open to Public Inspection		
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest information	on.	Employer i	dentification number		
Name of the organization		H FOUNDATION OF VERMONT					03-0323			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ										
required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Induction of form services f Solicitation of government grants g Special fundraising events d In-person solicitations g Induction of form services <										
compensated at le	ast \$5,000 by the	organization.	_							
(i) Name and address or entity (fund		(ii) Activity	fundraiser have custody or control of from activity fundraiser			Amount paid or retained by fundraiser sted in col. (i)	(v) to (or retained by)			
			Yes	No						
		I	1	L						
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from	registration		

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 MAKE-A-WISH FOUNDATION OF VERMONT

03-0323013 Page **2**

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
		BEARDIES	WAGS TO WISHES		(add col. (a) through
υ		(event type)	(event type)	(total number)	col. (c))
	Gross receipts	106,298.	637.		106,935.
2	Less: Contributions	102,024.	637.		102,661.
3	Gross income (line 1 minus line 2)	4,274.			4,274.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
	Food and beverages	1,647.			1,647
8	Entertainment				
9	Other direct expenses	8,346.	2,000.		10,346.
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	11,993.
11	Net income summary. Subtract line 10 from	line 3, column (d)		🕨	-7,719
Part	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		1	(In) Dull tobo/instant		(d) Total coming (add

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue	1	Gross revenue							
Se	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct E	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %				
	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	 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? 								
		No," explain:							
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No			
	_	· · · · · · · · · · · · · · · · · · ·							

<u>S</u> ch	nedule G (Form 990 or 990-EZ) 2020 MAKE-A-WISH FOUNDATION OF VERMONT 03	8-03230	13	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	. 13a		%
	o An outside facility			%
	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?		Yes	No
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ the function of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 		Yes	No No
Pa	Supplemental Information. 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, li	nes 9,	9b, 10b,

Part IV Supplem	ental Information (continued	d)		

SCHEDULE I (Form 990)		OMB No. 1545-0047						
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo	m 990. or the latest inforn	nation.		Open to Public Inspection
Name of the organiz	ation MAKE-A-WISH F(OUNDATION OF V	ERMONT					Employer identification number 03-0323013
Part I Genera	Information on Grants a	nd Assistance						
-	nization maintain records t o award the grants or assis		-			-		on 🔀 Yes 🗌 No
	art IV the organization's pro							
Part II Grants	and Other Assistance to	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipien	t that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
• •	address of organization 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
	nber of section 501(c)(3) and the section 501(c)(3) and the section sections are set to be sections and the sections are set to be set t			e line 1 table				
	ork Reduction Act Notice,							Schedule I (Form 990) 2020

Schedule I (Form 990) 2020 MAKE-A-WISH FOUNDATION OF VERMONT

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ISHES GRANTED	30	0.	304,763.	FMV	TRAVEL, M&E, SUPPLIES

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

PART I, LINE 2:

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

INDIVIDUALS, BUT RATHER GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET

THE SPECIFIC CRITERIA FOR THE WISH GRANTING PROGRAM. THE ORGANIZATION

ALLOCATES FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES, WITH THE

EXCEPTION OF TRAVEL STIPENDS (I.E. MEALS, TIPS, GAS, ETC.) FROM A

STANDARDIZED WISH BUDGET. ALL WISH EXPENSES ARE DEVELOPED BY THE DIRECTOR

OF PROGRAM SERVICES AND ARE APPROVED BY THE PRESIDENT/CEO OR THE BOARD OF

DIRECTORS AS REQUIRED PER POLICY. THE SUPPORTING WISH EXPENSE DOCUMENTATION

 Schedule I (Form 990)
 MAKE-A-W

 Part IV
 Supplemental Information

(I.E. INVOICES AND STATEMENTS) IS RETAINED BY THE ORGANIZATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 000

2020 **Open to Public** Inspection

Employer identification number

Name of the	organization
-------------	--------------

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

the organization				
	MAKE-A-WISH	FOUNDATION	OF	VERMONT

	MAKE-A-WISH FOUNDA	03-0	03-0323013							
Pa	Part I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermin	•	s		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	1	9,890.	COST/SELLING PRI	ICE				
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other \ldots									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (WISH-RELATED)	X	51	,	COST/SELLING PRI					
26	Other (OTHER)	X	3	4,476.	COST/SELLING PRI	ICE				
27	Other ► ()									
28	Other 🕨 (
29	Number of Forms 8283 received by the organization during the tax year for contributions						_			
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			0			
							Yes	No		
30a	During the year, did the organization receive by	•								
	must hold for at least three years from the date		I contribution, and	which isn't required to be us	sed for					
	exempt purposes for the entire holding period?	?				<u>30a</u>		X		
	b If "Yes," describe the arrangement in Part II.									
31							X			
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
_	contributions?							X		
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
	describe in Part II.						000	0000		
LHA	For Paperwork Reduction Act Notice, see	the instruct	tions for Form 990).	Schedule I	vi (Forr	n 990)	2020		

<u>Schedu</u> le M	(Form 990) 2020 MAKE-A-WISH FOUNDATION OF VERMONT	03-0323013	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32t is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information.	o, and 33, and whether the organiz or a combination of both. Also cor	ation nplete
CHEDULE	M, PART I, COLUMN (B):		
HE AMOUN	T IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS		
ECEIVED.			
32142 11-23-20		Schedule M (For	~ 000) 000

SCHEDULE O

Internal Revenue Service

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

Name of the organization

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.



Employer identification number 03-0323013

MAKE-A-WISH FOUNDATION OF VERMONT

FORM 990, PART I, LINE 1:

THE MAKE-A-WISH FOUNDATION OF VERMONT CREATES LIFE-CHANGING WISHES FOR

CHILDREN WITH CRITICAL ILLNESSES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 71% OF THE WISHES GRANTED AND THE NUMBER OF GRANTED

WISHES AVERAGED APPROXIMATELY 37. IN ADDITION, THE PROGRAM EXPENSE

RATIO WAS IMPACTED DUE TO THE MAKE-A-WISH FOUNDATION OF VERMONT'S

INABILITY TO GRANT THE TRAVEL WISHES. THE PROGRAM EXPENSE RATIO WAS

PREVIOUSLY 66% IN FISCAL YEAR ENDED AUGUST 31, 2019. THE MAKE-A-WISH

FOUNDATION OF VERMONT 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 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

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization NAME A NEGLI FOUNDATION OF VERMONT	Employer identification number 03-0323013
MAKE-A-WISH FOUNDATION OF VERMONT	03-0323013
ACCOUNTING FIRM WAS REVIEWED BY THE BOARD CHAIR AND PRESIDENT/CEO. THE	
FINAL FORM 990 WAS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO THE TIME IT WAS	
FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION MAINTAINS A CONFLICT OF INTEREST AND ETHICS STATEMENT AS	
PROVIDED BY THE MAKE-A-WISH FOUNDATION OF AMERICA FOR EACH OFFICER,	
EMPLOYEE, BOARD MEMBER, AND VOLUNTEER. SUCH STATEMENTS MUST BE SIGNED UPON	
DATE OF HIRE, ELECTION, OR COMMENCEMENT OF VOLUNTEER SERVICE, AND AT LEAST	
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER COORDINATOR IF THEY ARE FROM VOLUNTEERS, AND THE	
PRESIDENT/CEO IF FROM ALL EMPLOYEES AND BOARD MEMBERS. REVIEW OF THE	
STATEMENTS IS MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING	
ANY CONFLICTS OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE	
INCLUDES, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE	
OF THE CONFLICT VIA VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED	
PERSON, (2) FULLY DISCLOSING CONFLICTING INTERESTS TO THE BOARD, (3) THE	
CONFLICTED PERSON RECUSES HIMSELF/HERSELF FROM DELIBERATIONS AND DECISIONS	
REGARDING THE TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY	
THE CONFLICT AS RECOMMENDED BY THE BOARD UPTO AND INCLUDING TERMINATION OF	
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15A:	

FOR 2020 COMPENSATION, THE PRESIDENT/CEO'S COMPENSATION WAS DETERMINED BY

THE BOARD OF DIRECTORS, CONSISTING OF INDEPENDENT PERSONS. IT WAS REVIEWED

AGAINST NATIONAL BENCHMARKING SALARY STUDIES, SURVEYS DONE EVERY FEW YEARS

BY MAKE-A-WISH FOUNDATION OF AMERICA, AND BY LOCAL SALARY SURVEYS CONDUCTED

BY STATE ORGANIZATIONS AND BY NATIONAL BENCHMARKING ORGANIZATIONS. THE

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization MAKE-A-WISH FOUNDATION OF VERMONT	Employer identification number 03-0323013
BOARDS DISCUSSIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED. THE	
DOCUMENTATION OF THE DECISION INCLUDES (A) THE TERMS OF THE TRANSACTION	
THAT WAS APPROVED AND THE DATE IT WAS APPROVED, (B) THE MEMBERS OF THE	
COMMITTEE WHO WERE PRESENT DURING DEBATE ON THE TRANSACTION THAT WAS	
APPROVED AND THOSE WHO VOTED ON IT, AND (C) THE COMPARABILITY DATA OBTAINED	
AND RELIED UPON BY THE COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 15B:	
THE FOUNDATION DOES NOT HAVE OTHER OFFICERS WHO ARE COMPENSATED AND HAS NO	
EMPLOYEES WHO MEET THE DEFINITION OF KEY EMPLOYEES. 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.	
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 FINANCIAL

STATEMENTS AND FORM 990 AVAILABLE ON ITS WEBSITE AT VERMONT.WISH.ORG.

(Rev. January 2020)

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

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

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

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

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

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

Type of print	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)				
print	MAKE-A-WISH FOUNDATION OF VERMONT			03-0323013			
File by th due date filing you return. Se	e for Number, street, and room or suite no. If a P.O. box, see instructions.						
instructio							
Enter the Return Code for the return that this application is for (file a separate application for each return)						0 1	
Applic	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227	10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 9	90-T (trust other than above)	06	Form 8870			12	
 The books are in the care of ▶ 6655 SHELBURNE RD, SUITE 300 - SHELBURNE, VT 05482 Telephone No. ▶ 802-864-9393 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box							
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	D, or 6069, e	enter the tentative tax, less	3a	\$	0.	
-	f this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				\$	0.	
_							
i	using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	al (direct deb	bit) with this Form 8868, see Form 84	453-EO an	d Form 88	79-EO for payment	

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

Form 8868 (Rev. 1-2020)