Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-0047

► 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 or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) MAKE-A-WISH FOUNDATION OF MASSACHUSETTS print AND RHODE ISLAND INC. 22-2867371 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 133 FEDERAL STREET, 2ND FLOOR return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02110-1703 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SEAN HOLLERAN The books are in the care of ▶ 133 FEDERAL STREET, 2ND FLOOR - BOSTON, MA 02110-1703 Telephone No. ▶ 617-367-9474 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box JULY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning SEP 1, 2022 AUG 31, 2023 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

** 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.

Common of organization number Section Common of the	A F	or the	e 2022 calendar year, or tax year beginning SE	P 1, 2022 and	ending A	JG 31, 2023							
AND ROUGH SISLAND, TROC. Professional Control Contr	B c	heck if pplicabl	a. 0	JSETTS		D Employer identifi	ication number						
Define Numbers and street (or P.O. box if mail is not delivered to street address) Room/sulfe E Telephone number 13 FEDERALS STREET, 2RD FLOOR Cay or town, state or province, country, and ZIP or foreign postal code Support Cay or town, state or province, country, and ZIP or foreign postal code Support Cay or town, state or province, country, and ZIP or foreign postal code Support Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town, state or province, country, and ZIP or foreign postal code Cay or town state Cay or town s													
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Size Part Size Si		_Initial	-	vered to street address)	Room/suite	E Telephone numbe	er						
City or town, state or province, country, and ZIP or foreign postal code ### SORTON, MA 02110-1703 ### BOSTON, MA 0210-1703 ### BOSTON, MA 0		Final	133 FEDERAL STREET 2ND FLOOR		1100111,00110								
MosPation May 22110-1703		termin	_	IP or foreign postal code		G Gross receipts \$ 7,514,753.							
Fame and address of principal officer: SEAN HOLLERAN HOLD Tax-exempt status: Status S			4-4	5 1		H(a) Is this a group return							
Mask as C ABOVE Value Mask As C ABOVE Value Mask Mask As C ABOVE Value Mask Ma		Applic	F Name and address of principal officer: SEAN	HOLLERAN									
Taxe-exempt status:		pendi	ng I										
Part Summary	ΙΤ	ax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1							
Part Summary	JV	Vebsi	e: MASSRI.WISH.ORG			H(c) Group exemption	on number						
Briefly describe the organization's mission or most significant activities: CREATES LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.	K F	orm of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 1983	M State of legal domicile: MA						
CHILDREN WITH CRITICAL ILLNESSES. 2 Check this box	Pa	ırt I	Summary										
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	4	1	Briefly describe the organization's mission or most s	significant activities: CREATE	S LIFE-CH	ANGING WISHES FO	R						
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	nce		CHILDREN WITH CRITICAL ILLNESSES.										
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	rna	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	ove.	3	Number of voting members of the governing body (F	Part VI, line 1a)		3	16						
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	Ğ	4	Number of independent voting members of the government	erning body (Part VI, line 1b)		4	16						
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	S S	5	Total number of individuals employed in calendar ye	ear 2022 (Part V, line 2a)		5	37						
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	Ĭŧ	6	Total number of volunteers (estimate if necessary)			6	558						
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year Prior Year Current Year Prior Year Current Year Prior Year	Ę	7 a	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12		7a	0.						
8 Contributions and grants (Part VIII, line 1h) 7,916,883 6,615,428. 9 Program service revenue (Part VIII, line 2g) 3,300 4,650 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 9,080 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,554 41,555 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,939,737 6,670,7114 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,818,569 4,620,167 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 2,818,569 4,620,167 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,132,006 3,414,826 16 Professional fundraising eyeneses (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Total expenses (Part IX, column (A), line 11e) 0 0 0 19 Revenue less expenses. Subtract line 18 from line 12 1,070,152 1,070,152 19 Revenue less expenses. Subtract line 18 from line 12 1,070,152 1,070,152 1,070,152 1,070,152 20 Total liabilities (Part X, line 16) 1,070,152 1,070,		b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11		7b							
9							 						
1	Φ	8	Contributions and grants (Part VIII, line 1h)			7,916,883.	 						
1	'n	9	Program service revenue (Part VIII, line 2g)			3,300.	4,650.						
1	ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)									
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,818,569. 4,620,167. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,132,006. 3,414,826. 16 Total fundraising expenses (Part IX, column (A), line 25) 1,070,152. 17 Other expenses (Part IX, column (A), line 25) 1,070,152. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,523,821. 9,934,529. 19 Revenue less expenses. Subtract line 18 from line 12 415,916. -3,263,815. 20 Total assets (Part X, line 16) 17,858,542. 18,068,572. 21 Total liabilities (Part X, line 26) 822,019. 3,270,171. 22 Net assets or fund balances. Subtract line 21 from line 20 17,036,523. 14,798,401. Part II Signature Block 5828	—	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			· · · · ·							
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,132,006. 3,414,826. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0		12	Total revenue - add lines 8 through 11 (must equal F										
To Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising eses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Interpret II Signature Block 25 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 every limited of 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 every limited of 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 every limited because 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 every limited because 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 every limited because 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 every limited because the full limited between the		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,818,569.	4,620,167.						
16a Professional fundraising fees (Part IX, column (A), line 11e)		l .		paid to or for members (Part IX, column (A), line 4)									
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Beginning of Current Year End of Year		l											
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, correst, an exemple the 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, correst, an exemple the penalties of original true, correst, and exemple the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 7/10/2024 Sign			Revenue less expenses. Subtract line 18 from line 1	2									
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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, correst, an exemple the 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, correst, an exemple the penalties of original true, correst, and exemple the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 7/10/2024 Sign	et A	21	, , , , , , , , , , , , , , , , , , , ,										
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 the best of my knowledge and belief, it is true, correct, and the best of my knowledge. Sign Here SEAN HOLLERAN, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature MELISSA HANGSLEBEN MELISSA HANGSLEBEN MELISSA HANGSLEBEN MELISSA HANGSLEBEN Prim's name CLIFTONLARSONALLEN LLP Firm's elln Check PTIN ### MELISSA HANGSLEBEN ### MELISSA HANGSLEBEN ### MELISSA HANGSLEBEN ### MELISSA HANGSLEBEN ### Prim's ElN 41-0746749 Use Only Phone no. (602) 266-2248				ine 20		17,030,523.	14,790,401.						
true, correct, an Rose Righteth Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Complete Firm's name Firm's address 20 EAST THOMAS ROAD, SUITE 2300				naludina agampanyina aghadular	and statema	unto and to the best of m	v knowledge and halief it is						
Sign Here SEAN HOLLERAN, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name MELISSA HANGSLEBEN Preparer Use Only Firm's name CLIFTONLARSONALLEN LLP Firm's address 20 EAST THOMAS ROAD, SUITE 2300 PHOENIX, AZ 85012 Phone no. (602) 266-2248							y knowledge and beller, it is						
Sign Signature of Officer 908381088F9246B Here SEAN HOLLERAN, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN form's name MELISSA HANGSLEBEN MELISSA HANGSLEBEN 07/10/24 Self-employed P02087031 Preparer Use Only Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Phoenix, AZ 85012 Phoenic, (602) 266-2248	uue,	COLLE	·) is based oil all lillottiation of wi	iicii preparei		<u> </u>						
Here SEAN HOLLERAN, CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date Officer MELISSA HANGSLEBEN MELISSA HANGSLEBEN 07/10/24 Self-employed P02087031 Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Use Only Firm's address 20 EAST THOMAS ROAD, SUITE 2300 PHOENIX, AZ 85012 Phone no.(602) 266-2248	C:	.	Standing of officer				- 7						
Type or print name and title Print/Type preparer's name Preparer's signature MELISSA HANGSLEBEN Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Phone no. (602) 266-2248						2410							
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Paid MELISSA HANGSLEBEN MELISSA HANGSLEBEN 07/10/24 if self-employed self-employed P02087031 Preparer Use Only Firm's address 20 EAST THOMAS ROAD, SUITE 2300 Firm's address Phoenix, AZ 85012 Phone no. (602) 266-2248				Prenarer's signature	T	Date Check F	PTIN						
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PHOENIX, AZ 85012 Phone no.(602) 266-2248			Third hairs										
	-550	Jy	,	- · · · -		Phone no (60	02) 266-2248						
	May	the II		e? See instructions		Ti none no. (• •	X Yes No						

Form	990 (2022) AND RHODE ISLAND, INC.	22-2867371	Page 2
Pai	t 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:		
	TOGETHER, WE CREATE LIFE-CHANGING WISHES FOR CHILDREN WITH CRITICAL ILLNESSES.		
	THEMEDOED,		
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 X 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 X 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 m	easured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 7,044,634. including grants of \$ 4,620,167.) (Revenue	\$	4,650.
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$:\$)
			-
4c	(Code:) (Expenses \$	\$)
		_	
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 7,044,634.)	
<u>4e</u>	Total program service expenses 7,044,634.		rm 990 (2022)
		FUI	(2022)

232002 12-13-22

Form 990 (2022) AND RHODE ISLAND, INC. 22-2867371 Page **3**

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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	Х	
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	_ ا		l
40	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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,"		v	
00	complete Schedule G, Part III	19	Х	V
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			_v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)			
			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		Х
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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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			1
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	000	Х	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	А	<u> </u>
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of note to any line in this Fait v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
b	The state that the state of the	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	х	
_		_	_	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	· · ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 37			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		.,
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	۱		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	1		
	Dilli di	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5		
·	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 Revenue Code.)	1 -	Į.	
	(This occitor b requests information about policies not required by the internal nevertide code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? 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 to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA, RI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availal	ole
-	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEAN HOLLERAN - 617-367-9474			
	133 FEDERAL CURET 2ND FLOOR ROCKON MA 02110-1703			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	l	mza		<u> </u>	ірсі	out	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	Pos heck ss per	ition more rson is	than o s both r/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SEAN HOLLERAN	40.00	-								
CHIEF EXECUTIVE OFFICER				Х				278,600.	0.	22,563.
(2) GEORGE DEVENEY	40.00	-								
CHIEF ADVANCEMENT OFFICER						Х		207,498.	0.	20,795.
(3) KARA WALKER	40.00									_
VP OF MARKETING AND COMMUNICATIONS						Х		159,399.	0.	16,172.
(4) AMY CARROLL	40.00	-							_	
VP OF MISSION DELIVERY						Х		136,588.	0.	16,257.
(5) NICOLE MURPHY	40.00	-							_	
EASTERN MA REGIONAL DIRECTOR			_			Х		121,829.	0.	7,967.
(6) JULIE ABEL	40.00	-								
DIRECTOR OF OUTREACH PROGRAM						Х		113,093.	0.	15,303.
(7) ALFRED ROSE	2.00									
CHAIR		Х		Х				0.	0.	0.
(8) TIMOTHY GRADY	2.00	ł								
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(9) BILL MURPHY	2.00	-							_	
DIRECTOR	0.00	Х						0.	0.	0.
(10) SIOBHAN MEE	2.00	ł								
DIRECTOR	0.00	Х						0.	0.	0.
(11) SALVATORE VISCOMI, MD	2.00	ł								
DIRECTOR	0.00	Х						0.	0.	0.
(12) ROBERT LEWIS JR.	2.00	ł								
DIRECTOR (12) PUT ID TO GIVEN AND	0.00	Х	_					0.	0.	0.
(13) PHILIP T. GLYNN, MD	2.00								_	
DIRECTOR COLORS	0.00	Х	_					0.	0.	0.
(14) LINDA DORCENA FORRY	2.00	١							_	
DIRECTOR	2 00	Х						0.	0.	0.
(15) LEN HO	2.00	.,							_	
DIRECTOR	2 00	Х						0.	0.	0.
(16) TY HOWTON	2.00	x						_	0.	_
01RECTOR (17) WILLIAM LOEHNING	2.00	^	\vdash		\vdash	\vdash	-	0.	U .	0.
DIRECTOR	2.00	x						0.	0.	0.
232007 12-13-22	<u> </u>	Λ		<u> </u>	<u> </u>			<u> </u>	<u> </u>	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)							(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Estimat	ed
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation		amount	of
	week	_	cer an	d a di	irecto	r/trus	tee)	from	from related		other	
	(list any	ector	ectol					the	organizations	C	ompensa	
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC/		from th	
	related organizations	ıstee	truste		a	bens		(W-2/1099-MISC/	1099-NEC)		organiza	
	below	ual tn	ional		ploye	t com		1099-NEC)		1	and relat	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	rganizat	10115
(18) JOSEPH PERRONI	2,00	=	=	0	~	T 60	ш.					
DIRECTOR	-	х						0.	0 .			0.
(19) JOHN WALSH	2.00											
DIRECTOR		х						0.	0.	.		0.
(20) ELAINE KEENE	2.00											
DIRECTOR		х						0.	0 .			0.
(21) CHERYL WILKINSON	2.00											
DIRECTOR		х						0.	0 .			0.
(22) AMANDA EISEL	2.00											
DIRECTOR		х						0.	0 .	.		0.
										_		
1b Subtotal								1,017,007.	0 .	<u>.</u>	99,057.	
c Total from continuation sheets to Part VI	, Section A							0.	0 .	<u>.</u>	0.	
d Total (add lines 1b and 1c)								1,017,007.	0 .		99,	,057.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											1 > /	10
											Yes	No
3 Did the organization list any former officer,												х
line 1a? If "Yes," complete Schedule J for si										3	•	
4 For any individual listed on line 1a, is the su	•		•					•	•		х	
and related organizations greater than \$150										4		
5 Did any person listed on line 1a receive or a										5		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaule	9 J T	or su	icn ț	pers	on .					<u>'</u>	
Complete this table for your five highest contains the second secon	mnensated inc	lene	nder	nt cc	ntra	acto	rs th	nat received more than \$	100 000 of compens	ation	from	
the organization. Report compensation for t	•	-							· · · · · · · · · · · · · · · · · · ·	uti011	110111	
(A)	ino caloridar y	Jul C	, rain	.g ***		J. VV.		(B)	541.		(C)	
Name and business	address	NO	NE					Description of s	ervices	Com	pensatio	n
							\Box					
							\neg					
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				(0						

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Form 990 (2022) AND RHODE
Part VIII Statement of Revenue

· u	•••	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded
ūΩ	1	а	Federated campaigns 1a					
unt	_		Membership dues 1b					
, E			Fundraising events 1c	1,614,600.				
ar A			Related organizations 1d					
n,			Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	5,000,828.				
9		_	Noncash contributions included in lines 1a-1f 1g \$	1,574,608.				
a C		h	Total. Add lines 1a-1f		6,615,428.			
				Business Code				
2	2		WISH ASSIST FEES	900099	4,650.	4,650.		
e e		b						
Revenue		C						
Re		d						
5		e f	All other program service revenue					
•			Total. Add lines 2a-2f	I	4.650.			
	3		Investment income (including dividends, inter					
			other similar amounts)	· 1	9,080.			9,080
	4		Income from investment of tax-exempt bond	ſ	·			,
	5		Royalties	·				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
Revenue			and sales expenses 7b					
eve			Gain or (loss)					
Ϋ́В			Net gain or (loss)					
Othe	0	а	including \$ 1,614,600. of					
٦			contributions reported on line 1c). See					
			Part IV, line 188a	844,039.				
		b	Less: direct expenses 8					
		С	Net income or (loss) from fundraising events		2,627.			2,627.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9	2,627.				
			Net income or (loss) from gaming activities		23,402.			23,402.
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10					
		С	Net income or (loss) from sales of inventory					
sn	44	_	OTHER INCOME	Business Code 900099	15,527.			15,527.
Miscellaneous Revenue	17		THE THOUSE	30005	13,327.			15,527.
scellaned Revenue		b						
Be			All other revenue					
Σ			Total. Add lines 11a-11d	I	15,527.			
	12		Total revenue. See instructions		6,670,714.	4,650.	0.	50,636.

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AND RHODE ISLAND, INC. 22-2867371 Page 10 Form 990 (2022)

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) (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,620,167, 4,620,167 individuals. See Part IV, line 22 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 Compensation of current officers, directors, trustees, and key employees 315,591 69,430. 217,758 28,403. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,579,064. 1,225,020. 885,703. 468,341. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 98,321 42,933 36,638 18,750. 198,296 95,067 72,227 31,002. 9 Other employee benefits 223,554 102,025 81,155 40,374. 10 Payroll taxes Fees for services (nonemployees): Management а Legal 5,530. 5,530 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 73,415 12,547 48,057 12,811. column (A), amount, list line 11g expenses on Sch O.) 15,854 2,302 1,434 12,118. Advertising and promotion 12 44,491. 154,439 40,063 69,885 13 Office expenses 27,801 10,429 12,273 5,099. 14 Information technology 15 Royalties 493,555 222,100. 162,873 108,582. 16 Occupancy 22,392 1,159. 18,220 3,013. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 185,643. 1,308. 40,700. 143,635. Conferences, conventions, and meetings 19 20 102,991. Payments to affiliates _____ 643,693 450,585 90,117 21 124,132, 55,828. 40,974 27,330. 22 Depreciation, depletion, and amortization 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) MISCELLANEOUS 85,988, 67,923, 9,586 8,479. MERCHANT FEES 8,573. 38,968 17,536 12,859 REPAIRS AND MAINTENANCE 18,903. 7,754. 5,213. 5,936. С RELOCATION 9,223. 458. 8,541 224. All other expenses е 9,934,529 7,044,634 1,070,152. 1,819,743 Total functional expenses. Add lines 1 through 24e 25 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

Form 990 (2022)

if following SOP 98-2 (ASC 958-720)

Escrow or custodial account liability. Complete Part IV of Schedule D

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Loans and other payables to any current or former officer, director,

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

Form 990 (2022) AND RHODE ISLAND, INC. 22-2867371 Page **11**

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,267,512. 2,833,386. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 626,490. 562,193. 3 3 5,562. 3,354. Accounts receivable, net Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 4,255. 31,627. Inventories for sale or use 8 Prepaid expenses and deferred charges 133,040. 9 210,161. 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 625,189. 619,049. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 13,527,939. 12,953,920. 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 102,681. 2,420,756. Other assets. See Part IV, line 11 15 15 17,858,542. 18,068,572. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 471,046. 516,256. Accounts payable and accrued expenses 17 17 18 18 Grants payable 203,545. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20

> 18,068,572. Form **990** (2022)

14,798,401.

2,550,370.

3,270,171.

13,849,996.

948,405.

Liabilities

Net Assets or Fund Balances

23

24

27

29

30

31

32

of Schedule D

21

22

23

24

25

26

27

29

30

31

32

33

350,973.

822,019.

16,075,726.

17,036,523.

17,858,542.

960,797.

Form	990 (2022) AND RHODE ISLAND, INC.	22-286/3/	1	Pag	ge 🔼		
Pai	t 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		670,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	934,	529.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,	263,	815.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,	036,	523.		
5	Net unrealized gains (losses) on investments	5	1,	007,	070.		
6	Donated services and use of facilities	6		18,	623.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	14,	798,	401.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>		
			\Box	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 on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	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	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2022)		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection MAKE-A-WISH FOUNDATION OF MASSACHUSETTS Name of the organization **Employer identification number** AND RHODE ISLAND 22-2867371 TNC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

AND RHODE ISLAND, INC.

22-2867371

Page 2

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,107,540.	5,757,870.	5,841,915.	7,916,883.	6,615,428.	34,239,636.
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	8,107,540.	5,757,870.	5,841,915.	7,916,883.	6,615,428.	34,239,636.
	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)						172,306.
6	Public support. Subtract line 5 from line 4.						34,067,330.
	ction B. Total Support						· · ·
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	8,107,540.	5,757,870.	5,841,915.	7,916,883.	6,615,428.	34,239,636.
	Gross income from interest,	, ,		, ,		, ,	· · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	385,248.	240,218.			9,080.	634,546.
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.)	576,083.	132,476.	333,579.	635,653.	885,595.	2,563,386.
11	Total support. Add lines 7 through 10	,	,	,	,	,	37,437,568.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	27,275.
	First 5 years. If the Form 990 is for th	•	,	ourth, or fifth tax v	ear as a section 50		•
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	91.00 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	91.16 %
	33 1/3% support test - 2022. If the c					ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	ū	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-				
				,,	,		(Farm 000) 0000

Schedule A (Form 990) 2022

AND RHODE ISLAND, INC.

22-2867371

Page 3

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.)

qualify under the tests listed b	pelow, please comp	plete Part II.)				
Section A. Public Support	T	T	1		1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	<u> </u>					
6 Total. Add lines 1 through 5	<u> </u>	1		 		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received	<u> </u>			+		
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				+		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
• • • • • • • • • • • • • • • • • • • •	T (-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	(f) T-1-1
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
, , , , , , , , , , , , , , , , , , ,						
c Add lines 10a and 10b						
activities not included on line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)		1		1		
14 First 5 years. If the Form 990 is for t	he organization's f	iret eacond third	fourth or fifth tax	Vear as a section F	- -	l n
	J				. , . , .	,,,
Section C. Computation of Publ	ic Support Per					
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 202		•			16	%
Section D. Computation of Inves					1.01	
17 Investment income percentage for 2			ne 13. column (f))		17	%
18 Investment income percentage from			, (.,,		18	%
19a 33 1/3% support tests - 2022. If the						
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization		· ·	-		-	

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Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
20		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Forr	n 990)	2022

MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC. 22-2867371 Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Par</u>t VI 11c Section B. Type I Supporting Organizations Yes No 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on 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 3 supported organizations plaved in this regard Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No 2 Activities Test. Answer lines 2a and 2b below. Yes 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. 2a b Did the activities described on 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 2b these activities but for the organization's involvement. 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. За

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | Schedule A (Form 990) 2022

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC. 22-2867371 Schedule A (Form 990) 2022 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part Ⅵ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035.

7

8

1

2

<u>4</u> 5

6

Schedule A (Fo	orm 990) 2022	2

Current Year

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

Recoveries of prior-year distributions

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

2 Enter 0.85 of line 1.

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions)

1 Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

7

5

<u>Schedule A (Form 990) 2022</u> AND RHODE ISLAND, INC. 22-2867371 Page **7**

Par	rt V Type III Non-Functionally Integ	ated 509(a)(3) Supporting Organiza	tions (continued)	
Secti	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to acc	1		
2	Amounts paid to perform activity that directly fu			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exe	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval	equired - provide details in Part VI)	5	
	Other distributions (describe in Part VI). See ins	•	6	
7	Total annual distributions. Add lines 1 through	6.	7	
8	Distributions to attentive supported organization	s to which the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, li	e 6	9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	tion E - Distribution Allocations (see instruction		Inderdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, li	e 6		
2	Underdistributions, if any, for years prior to 2022	(reason-		
	able cause required - explain in Part VI). See ins	ructions.		
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instruction	5)		
j	Remainder. Subtract lines 3g, 3h, and 3i from lin	e 3f.		
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4			
5	Remaining underdistributions for years prior to 2	022, if		
	any. Subtract lines 3g and 4a from line 2. For re	ult greater		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtrac			
	and 4b from line 1. For result greater than zero,	explain in		
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add I			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

AND RHODE ISLAND.

Schedule A (Form 990) 2022 Page 8 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 2018 AMOUNT: \$ 562,166. 2019 AMOUNT: \$ 127,773. 2020 AMOUNT: \$ 323,887. 2021 AMOUNT: \$ 616,100. 2022 AMOUNT: \$ 844,039. OTHER REVENUE 2018 AMOUNT: \$ 13,917. 2019 AMOUNT: \$ 4,703. 2020 AMOUNT: \$ 9,692. 2021 AMOUNT: \$ 19,553. 2022 AMOUNT: \$ 15,527. GROSS GAMING REVENUE 2018 AMOUNT: \$ 2019 AMOUNT: \$ 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 26,029.

Schedule A (Form 990) 2022

22-2867371

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC. 22-2867371

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-E2	Z 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					
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	nanization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 5 contributo	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), 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.						
year, cont is checked purpose. I	panization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Pa	zation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must rt 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 the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

	9-
Name of organization	Employer identification number
MAKE-A-WISH FOUNDATION OF MASSACHUSETTS	
AND RHODE ISLAND, INC.	22-2867371

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Hullic, audicss, and LIF T T	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
No. 6	Name, address, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022) Page **3**

Name of organization

MAKE-A-WISH FOUNDATION OF MASSACHUSETTS

AND RHODE ISLAND, INC.

Employer identification number

22-2867371

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			
	THEME PARK TICKETS, MEALS, SOUVENIRS					
2						
		\$1,205,917.	08/31/23			
(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) (2022)

Employer identification number Name of organization MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC. 22-2867371 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

10560710 131839 A195132

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2022
Open to Public Inspection

Name of the organization

MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC.

Employer identification number 22-2867371

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or don-	or advisor, or for any other purpose conferr	ing
_			
Par	t II Conservation Easements. Complete if the organiza	ation answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (for example, recreation of	or education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
C	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after J		
_			2d
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the organi	zation during the tax
	year	et to to octob	
4	Number of states where property subject to conservation easemer		
5	Does the organization have a written policy regarding the periodic	•	☐ Yes ☐ No
6	violations, and enforcement of the conservation easements it hold: Staff and volunteer hours devoted to monitoring, inspecting, hand		
U	Stan and volunteer riours devoted to monitoring, inspecting, name	ing of violations, and emorcing conservation	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation ea	sements during the year
•	7 thount of expenses mounted in monitoring, inspecting, narialing e	or violations, and ornorolling conscivation ca	somerite during the year
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170(h)(4)(B)	(i)
_			
9	In Part XIII, describe how the organization reports conservation ea		
	balance sheet, and include, if applicable, the text of the footnote to	·	
	organization's accounting for conservation easements.	-	
Par		, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not	t to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial s	statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasure	s, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 98	58 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 F	Form 990.	Schedule D (Form 990) 2022

AND RHODE ISLAND, INC. Page 2 Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount **c** Beginning balance 10 Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 8,941,287. 11,217,298 9,255,484 8,308,651 8,428,508. 1a Beginning of year balance 528,772 615,451 572,648. 258,175 714,126. Contributions 1,007,070. -1,707,472. 2,608,724. 1,459,620, 167,852. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 1,042,229 1,100,363. 864,271 1,087,516 958,084. and programs 40,722. 43,751. 40,824. 40,814. Administrative expenses 9,434,900. 8,941,287. 11,217,298, 9,255,484, 8,308,651. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 85.0000 Board designated or quasi-endowment Permanent endowment 14.0000 % 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 Yes No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land 10,350. 4.828 5,522 Leasehold improvements 1.038,460 451,002 587,458, d Equipment 97,257. 71,188 26,069, e Other 619,049. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

MAKE-A-WISH FOUN	DATION OF MASSACHUSE	TTS	
Schedule D (Form 990) 2022 AND RHODE ISLAND	, INC.	2:	2-2867371 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) FIDELITY LEGACY LP	12,953,920.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	12,953,920.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DUE FROM NATIONAL			147,601.
(2) DUE FROM OTHER CHAPTERS			28,899.
(3) RIGHT-OF-USE ASSETS - OPERATING			2,225,345.
(4) SECURITY DEPOSITS			18,911.
(5)			<u> </u>
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		2,420,756.
Part X Other Liabilities.	10.)		, , , .
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability	,		(b) Book value
(1) Federal income taxes			, , , , , , , , , , , , , , , , , , , ,
(2) DUE TO OTHER CHAPTERS			161,318.
(3) DUE TO NATIONAL			6,148.
(4) LEASE LIABILITY - OPERATING			2,382,904.
(5)			-,,

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER CHAPTERS	161,318.
(3) DUE TO NATIONAL	6,148.
(4) LEASE LIABILITY - OPERATING	2,382,904.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	2,550,370.

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

THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY. AS A RESULT OF THIS INTERPRETATION THE FOUNDATION CLASSIFIES

PRESERVATION OF THE FAIR VALUE OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF

AND RHODE ISLAND, INC. 22-2867371 Schedule D (Form 990) 2022 Page 5 Part XIII | Supplemental Information (continued) AS PERMANENTLY RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT. (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO PERMANENT ENDOWMENT, (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUNDS THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE FOUNDATION IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA. PART X, LINE 2: THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND STATE INCOME TAXES OF THE MASSACHUSETTS DEPARTMENT OF REVENUE TAXATION CODE AND STATE OF RHODE ISLAND DIVISION OF TAXATION. HOWEVER, THE FOUNDATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE FOUNDATION AT AUGUST 31, 2023 AND 2022. THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION, AND APPLICABLE STATE JURISDICTIONS.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc	tions	and tl	ne latest information	١.		Inspection
Name of the organization	MAKE-A-WISI	H FOUNDATION OF MASSACHUSET	TS				Employer ic	dentification number
		ISLAND, INC.					22-28673	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not								
	complete this part							
		ed funds through any of the followin						
a Mail solicitati					overnment grants			
=	email solicitations				nment grants			
c Phone solicit		g Special	tunara	using	events			
d In-person sol		or oral agreement with any individual	(includ	lina of	ficare directors trust	toos	or	
-		art VII) or entity in connection with pr		-		ices,	Ο Υ ε	es No
		riduals or entities (fundraisers) pursua				ne fun		
compensated at lea								
		<u> </u>			1			
(i) Name and address	s of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v)	Amount paid or retained by	A (VI) AIIIOUIIL Palu
or entity (fund		(ii) Activity	have c	ustody itrol of	from activity	f	fundraiser	to (or retained by) organization
			contrib	utions?		list	ted in col. (i)	organization
			Yes	No				
Total								
		n is registered or licensed to solicit o		utions	or has been notified	it is s		registration
or licensing.	cir the organizatio	in is registered of licensed to solicit of	OHUID	utions	or has been notined	11 13 0	Actipt itom i	egistration
								<u> </u>

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

Schedule G (Form 990) 2022 AND RHODE ISLAND, INC. 22-2867371 Page 2

	rt I	,			t IV, line 18, or reported		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
			GALA	GOLF TOURNAMENTS	4		
<u>o</u>			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	1,359,023.	553,180.	546,436.	2,458,639.	
	2	Less: Contributions	870,200.	372,655.	371,745.	1,614,600.	
	3	Gross income (line 1 minus line 2)	488,823.	180,525.	174,691.	844,039.	
	4	Cash prizes					
"	5	Noncash prizes	2,697.	5,547.	252.	8,496.	
benses	6	Rent/facility costs	37,750.	70,505.	14,775.	123,030.	
Direct Expenses	7	Food and beverages	187,976.	51,224.	64,155.	303,355.	
ä	8	Entertainment	15,286.	2,500.	42,100.	59,886.	
	9	Other direct expenses	245,114.	50,749.	50,782.	346,645.	
	10		n 9 in column (d)			841,412.	
		Net income summary. Subtract line 10 from li				2,627.	
Pa	rt I					•	
		\$15,000 on Form 990-EZ, line 6a.					
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue			26,029.	26,029.	
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct		Rent/facility costs					
	5	Other direct expenses			2,627.	2,627.	
	6	Volunteer labor	Yes % No	Yes % No	X Yes 50.00 % No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			2,627.	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			23,402.	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities · M	A,RI			
а	a Is the organization licensed to conduct gaming activities in each of these states? **Description:**						
	_						
		ere any of the organization's gaming licenses re		erminated during the tax y	year?	Yes X No	
-		· · · —					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	nedule G (Form 990) 2022 AND RHODE ISLAND, INC. 22-2	2867371	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	X No
12	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	X No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	.00 %
	An outside facility	13b 1	00.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name TRAVIS O'DELL		
	Address 133 FEDERAL ST., 2ND FLOOR - BOSTON, MA 02110		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
_			
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
10	daming manager information.		
	Name GEORGE DEVENEY		
	Gaming manager compensation \$0.		
	Description of services provided MANAGE EVENT		
	Director/officer		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	X No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
П	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) AND RHODE ISLAND, INC.	22-2867371	Page 4
Part IV	Supplemental Information (continued)		
-			
-			
			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MAKE-A-WISH F AND RHODE ISL	OUNDATION OF M	ASSACHUSETTS					Employer identification number 22-2867371
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?ocedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	•		e line 1 table		<u></u>	1	

232101 10-31-22

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AND RHODE ISLAND, INC. 22-2867371 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (f) Description of noncash assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance 3,984,653.FMV WISHES GRANTED 403 635,514. 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 MASSACHUSETTS AND RHODE ISLAND, INC. GRANTS WISHES TO SELECTED BENEFICIARIES THAT MEET THE SPECIFIC CRITERIA FOR THE WISH GRANTING PROGRAM. THE ORGANIZATION GENERALLY REMITS FUNDS DIRECTLY TO THE VENDORS FOR THE WISH EXPENSES. WITH THE EXCEPTION OF TRAVEL STIPENDS (I.E. MEALS, TIPS, GAS, ETC.) FROM A STANDARDIZED BUDGET. ALL WISH

EXPENSES ARE REVIEWED AND APPROVED BY THE VP OF MISSION DELIVERY OR CEO.

THE SUPPORTING WISH EXPENSE DOCUMENTATION (I.E. INVOICES AND STATEMENTS) IS

RETAINED BY THE ORGANIZATION.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047 **2022**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

MAKE-A-WISH FOUNDATION OF MASSACHUSETTS

AND RHODE ISLAND, INC.

Employer identification number 22-2867371

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee						
	Independent compensation consultant Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		Х			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		Х			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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Schedule J (Form 990) 2022 AND RHODE ISLAND, INC. 22-2867371 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SEAN HOLLERAN	(i)	248,600.	30,000.	0.	12,500.	10,063.	301,163.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEORGE DEVENEY	(i)	197,498.	10,000.	0.	9,947.	10,848.	228,293.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARA WALKER	(i)	149,399.	10,000.	0.	5,128.	11,044.	175,571.	0.
VP OF MARKETING AND COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY CARROLL	(i)	126,588.	10,000.	0.	6,333.	9,924.	152,845.	0.
VP OF MISSION DELIVERY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

AND RHODE ISLAND, INC. 22-2867371 Schedule J (Form 990) 2022 Page 3 Part III | Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 7: BONUSES GIVEN ARE BASED ON COMPENSATION DATA AND RESEARCH. AS WELL AS ON INDIVIDUAL PERFORMANCE; CEO BONUSES ARE AT THE DISCRETION OF THE BOARD; ALL OTHER BONUSES ARE GIVEN WITH AUTHORITY FROM THE BOARD.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

MAKE-A-WISH FOUNDATION OF MASSACHUSETTS

Open to Public Inspection

	AND RHODE ISLAND, INC. 22-2867371						1					
Par	tl Ty	pes of Property										
	•		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported Form 990, Part VIII, lii	on	r	Methonocash o	(d) od of det contribut		•	s
1	Art - Works	s of art										
2		ical treasures										
3	Art - Fracti	onal interests										
4		publications										
5		nd household goods										
6	Cars and c	other vehicles										
7	Boats and	planes										
8	Intellectua		1									
9	Securities	- Publicly traded										
10	Securities	- Closely held stock										
11	Securities	- Partnership, LLC, or										
	trust intere	ests										
12	Securities	- Miscellaneous										
13	Qualified o	onservation contribution -										
	Historic str	ructures										
14	Qualified o	onservation contribution - Other $_{\dots}$										
15	Real estate	e - Residential										
16												
17	Real estate	estate - Other										
18	Collectible	s										
19	Food inver	ntory										
20	Drugs and	medical supplies										
21	Taxidermy											
22	Historical a	artifacts										
23	Scientific s	specimens										
24	Archeologi	cal artifacts										
25	Other (GIFTS/ENTERTAIN)	Х	253	1,205,							
26	Other (OFFICE FURNITUR)	Х	1	· '	850.						
27	Other (THEME PARK/EVEN)	Х	79	· ·	876.						
28	Other (OTHER)	X	307	81,	361.	FMV					
29	Number of	Forms 8283 received by the orga	nization durin	g the tax year for co	ontributions							
	for which the organization completed Form 8283, Part V, Donee Acknowledgement								0			
											Yes	No
30a	-	year, did the organization receive	•			_		that it				
		for at least 3 years from the date of							- 1			
		rposes for the entire holding perio	d?							30a		Х
b		escribe the arrangement in Part II.							- 1			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						<u> </u>					
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash											
	contributio									32a	Х	
b		escribe in Part II.							- 1			
33	If the organ	nization didn't report an amount in	column (c) fo	r a type of property	for which column (a) i	is chec	ked,		- 1			
	describe in											
LHA	For Pap	erwork Reduction Act Notice, se	e the Instruc	tions for Form 990).			Sch	edule M	(Forn	n 990)	2022

Schedule M (Form 990) 2022 AND RHODE ISLAND, INC. 22-286/3/1	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the or is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Als this part for any additional information.	ganization o complete
PART I, OTHER TYPES OF PROPERTY:	
CONSTRUCTION	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 49	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 64604.	
(D) METHOD OF DETERMINING REVENUE: FMV	
SCHEDULE M, PART I, COLUMN (B):	
THE AMOUNT IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS	
RECEIVED.	
SCHEDULE M, LINE 32B:	
THE ORGANIZATION HIRED AN OUTSIDE AUCTIONEER TO AUCTION OFF ITEMS AT	
WINE AND WISHES, GALA AND GOLF TOURNAMENT.	

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

Open to Pub

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

AND RHODE ISLAND, INC. 22-2867371

PART III LINE 4A, DESCRIPTION OF PROGRAM SERVICE: THE FOUNDATION GRANTED 403 WISHES TO CHILDREN WITH CRITICAL ILLNESSES THROUGHOUT MASSACHUSETTS AND RHODE ISLAND. THE WISHES FOR THE CURRENT YEAR WERE AS FOLLOWS: 205 WISHES - DISNEY DESTINATION 92 WISHES - TRAVEL (HAWAII, OTHER) 20 WISHES - CELEBRITY/SPORTING EVENT 20 WISHES -SHOPPING SPREE 11 WISHES - ROOM REDECORATION 7 WISHES - ANIMAL 7 WISHES - COMPUTER EDUCATION, ELECTRONICS, PHILANTHROPIC, CONSTRUCTION, MUSICAL INSTRUMENT, PLAYHOUSE, SPA/HOT TUB, MOTORIZED VEHICLE, PARTY, SPORTING EQUIPMENT, SWIMMING POOL, TRAILER/CAMPER, THE TOTAL GOAL OF OUR PROGRAM IS TO BRING HOPE. STRENGTH, AND JOY INTO THE LIVES OF THESE CHILDREN AND THEIR FAMILIES THROUGH THE WISH PROCESS. TOTAL WISH GRANTING EXPENSE FOR THE FISCAL YEAR WAS \$5,577,348. OF THIS AMOUNT, \$957,181 WAS CONTRIBUTED BY VARIOUS VENDORS WHO PROVIDED IN-KIND CONTRIBUTIONS SUCH AS TRANSPORTATION, LODGING, OTHER SERVICES AND USE OF FACILITIES TO COMPLETE A CHILD'S WISH. FINANCIAL STATEMENT PURPOSES. THESE AMOUNTS ARE INCLUDED AS CONTRIBUTION REVENUE AND GRANTED WISH EXPENSE. FOR FORM 990, THE IRS REQUIRES THAT THE \$957,181 OF CONTRIBUTED SERVICES AND USE OF FACILITIES BE EXCLUDED FROM BOTH REVENUE AND EXPENSE,

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

Schedule O (Form 990) 2022	Page
Name of the organization MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC.	Employer identification number 22-2867371
AND KNODE ISLAND, INC.	22-2007371
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE SHALL EXIST WITH UP TO SEVEN (7) DIRECTORS, AT	
LEAST ONE OF WHOM SHALL NOT BE AN OFFICER, TO EXERCISE THE AUTHORITY OF THE	
SOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, PROVIDED, HOWEVER,	
THAT THE EXECUTIVE COMMITTEE SHALL HAVE NO AUTHORITY TO DISPOSE OF	
CORPORATE PROPERTY, TO AMEND THESE BY-LAWS, TO ELECT OR REMOVE ANY	
DIRECTOR, OR TO ELECT OFFICERS, OR TO AUTHORIZE THE EXPENDITURE OF	
CORPORATE MONIES NOT CONTEMPLATED BY A BUDGET PREVIOUSLY APPROVED BY THE	
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE	
AUDIT COMMITTEE. THE ORGANIZATION'S FINANCE STAFF WORKS CLOSELY WITH THE	
OUTSIDE ACCOUNTING FIRM IT ENGAGES TO REVIEW THE RETURN, AND THE FINAL	
DRAFT OF THE FORM 990 IS REVIEWED BY THE CEO BEFORE SUBMITTING TO THE AUDIT	
COMMITTEE. IN ADDITION TO CONSULTING WITH THE FINANCE STAFF, THE AUDIT	
COMMITTEE ALSO REVIEWS AND DISCUSSES THE FINAL RETURN WITH THE CEO, FINANCE	
STAFF, AND OUTSIDE ACCOUNTING FIRM AS PART OF ITS REVIEW OF THE DRAFT	
RETURN. THE ENTIRE BOARD RECEIVES A COPY OF THE RETURN PRIOR TO FILING.	
THE CEO ADVISES THE BOARD OF DIRECTORS THAT THE RETURN HAS BEEN REVIEWED	
AND IS READY TO BE 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	Sobodula O /Farm 000) 000
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Name of the organization MAKE-A-WISH FOUNDATION OF MASSACHUSETTS	Employer identification number 22-2867371
AND RHODE ISLAND, INC.	22-200/3/1
ANNUALLY THEREAFTER. THE SIGNED STATEMENTS ARE THEN SUBMITTED TO AND	
REVIEWED BY THE VOLUNTEER MANAGER IF THEY ARE FROM VOLUNTEERS, AND THE	
PRESIDENT/CEO IF FROM STAFF AND BOARD MEMBERS. REVIEW OF THE STATEMENTS IS	
MONITORED BY THE PRESIDENT/CEO. THE PROCEDURES FOR ADDRESSING ANY CONFLICT	
OF INTEREST OF WHICH THE PRESIDENT/CEO BECOMES AWARE INCLUDES, BUT ARE NOT	
LIMITED TO, THE FOLLOWING (1) DETERMINING THE NATURE OF THE CONFLICT VIA	
VERBAL OR WRITTEN COMMUNICATION WITH THE INTERESTED PERSON (2) FULLY	
DISCLOSING CONFLICTING INTERESTS TO THE BOARD (3) THE CONFLICTED PERSON	
RECUSES HIMSELF-HERSELF FROM DELIBERATIONS AND DECISIONS REGARDING THE	
TRANSACTION, AND (4) TAKING APPROPRIATE ACTIONS WARRANTED BY THE CONFLICT	
AS RECOMMENDED BY THE BOARD UP TO AND INCLUDING TERMINATION OF SERVICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD EXECUTIVE COMMITTEE CONDUCTS AN EVALUTION OF THE CEO'S	
PERFORMANCE. IN ADDITION, THE EXECUTIVE COMMITTEE CONDUCTS A SURVEY OF THE	
COMPENSATION OF EXECUTIVES AT COMPARABLY SIZED NON-PROFITS IN THE AREA AS	
WELL AS IN THE MAKE-A-WISH NETWORK. THE EXECUTIVE COMMITTEE REVIEWS THE	
CEO'S PERFORMANCE AND DISCUSSES THE RESULTS OF THE COMPENSATION SURVEYS.	
THEY SHARE THE PERFORMANCE REVIEW WITH THE BOARD OF DIRECTORS AND PRESENT A	
RECOMMENDATION TO THE BOARD OF DIRECTORS OF ANY COMPENSATION CHANGES. THE	
BOARD OF DIRECTORS DISCUSSES THE PERFORMANCE EVALUTION AND VOTES TO APPROVE	
THE EVALUTION AND COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE	
COMMITTEE'S WRITTEN RECORDS INCLUDE (1) THE TERMS OF THE SALARY INCREASE	
WITH THE PERSON (INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED), (2) A	
LIST OF MEMBERS PRESENT DURING THE DISCUSSION ON THE TRANSACTION (AND HOW	
THE MEMBERS VOTED WHEN IT WAS APPROVED), AND (3) A DESCRIPTION OF THE	
COMPARABLE DATA RELIED ON BY THE COMMITTEE. KEY DELIBERATIONS OF THE	
COMMITTEE ARE ALSO DOCUMENTED IN MINUTES WHICH WERE APPROVED.	

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Name of the organization	MAKE-A-WISH FOUNDATION OF MASSACHUSETTS AND RHODE ISLAND, INC.	Employer identification number 22-2867371
FOR OTHER EMPLOYEES,	THE CEO RECOMMENDS THE COMPENSATION POOL AND THE BOARD	
APPROVES IT DURING T	THE BUDGET PROCESS BEFORE THE START OF THE FISCAL YEAR.	
THE CEO USES THIS IN	FORMATION AS WELL AS INFORMATION ASCERTAINED FROM A	
SURVEY OF THE COMPEN	SATION OF KEY EMPLOYEES AT COMPARABLY SIZED NON-PROFIT	
ORGANIZATIONS TO DET	ERMINE THE APPROPRIATE RANGE FOR EACH KEY POSITION.	
DETERMINATION OF ANY	COMPENSATION INCREASE IS BASED ON INFORMATION GAINED	
FROM THE SURVEY, THE	PRE-DETERMINED BUDGET, AS WELL AS PERFORMANCE OF THE	
EMPLOYEE.		
THESE PROCESSES LAST	TOOK PLACE IN 2023.	
FORM 990, PART VI, S	SECTION C, LINE 19:	
AUDITED FINANCIAL ST	ATEMENTS ARE MADE AVAILABLE UPON REQUEST AND ON THE	
ORGANIZATION'S WEBSI	TE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	
POLICIES ARE ALSO AV	VAILABLE UPON REQUEST WITH INSPECTION AT AN OFFICE OF	
THE ORGANIZATION. I	N ADDITION, THE ORGANIZATION'S FINANCIAL STATEMENTS ARE	
AVAILABLE FOR PUBLIC	INSPECTION AT THE MASSACHUSETTS ATTORNEY GENERAL'S	
OFFICE.		