WEGNER CPAS LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

MAYA'S HOPE FOUNDATION, INC. 244 FIFTH AVENUE, D176 NEW YORK, NY 10001-3009

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 43-28-45

Return of Organization Exempt From Income Tax

Department of the Treasury

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

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

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

OMB No. 1545-0047

2022

Open to Public

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change MAYA'S HOPE FOUNDATION, INC. Name change 27-3889674 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 347-699-6292 244 FIFTH AVENUE D176 1,412,797. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 10001-3009 NEW YORK, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MAYA CRAUDERUEFF for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MAYASHOPE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2010 M State of legal domicile: NY ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE Activities & Governance IMPOVERISHED, AND SPECIAL-NEEDS CHILDREN ON A GLOBAL OF ORPHANED. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 674,631. 1,381,528. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 430. 44. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 14,263. -13,950. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 689,324. 367,622. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 447,935. 721,145. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 70,269. 124,514. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 85,497. 162,351. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 603,701. 1,008,010. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 85,623. 359,612. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 354,008. 717,201. Total assets (Part X, line 16) 66,472. 70,454. 21 Total liabilities (Part X, line 26) 三年 287,536. 646,747 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MAYA CRAUDERUEFF, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature YIGIT UCTUM, CPA 09/07/23 self-employed P01269549 YIGIT UCTUM, CPA Paid Firm's EIN 39-0974031WEGNER CPAS LLP Preparer Firm's name Firm's address 230 PARK AVE FL 3 Use Only Phone no. (212) 551-1724NEW YORK, NY 10169-0005 X Yes May the IRS discuss this return with the preparer shown above? See instructions

232002 12-13-22

900,994.

including grants of \$

Total program service expenses

Other program services (Describe on Schedule O.)

Form 990 (2022) MAYA'S HOPE FOUNDATION, INC. 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	X	
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		х
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b		10h		\ x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ_	
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		Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
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		v	
	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		7.7	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pai	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			۱
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	!	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23	1	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١,,,
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241)	
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?	240		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	a	\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5	_	x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	 ^
D	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	0.5	_	x
00	Schedule L, Part I	251)	 ^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26)	 ^
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	-1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controller			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		┝
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			₩
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	281	<u> </u>	 ^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			\ _V
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29)	 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ _V
•	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		┝
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ _V
	Schedule N, Part II	32	!	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _V
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			₩
0.5	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	a	┝
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		9	\vdash
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			\ _V
	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?			1
Pai	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Fal	Check if School de O contains a vannance or note to any line in this Dort V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u> </u>
	5-tth	4	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2022)

(gambling) winnings to prize winners?

Form 990 (2022) MAYA'S HOPE FOUNDATION, INC.

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

	. (continued)		.,	
0-	Entay the number of employees reported an Form W.C. Transmittel of Wage and Tay Statements		Yes	No
Za	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 2			
h	filed for the calendar year ending with or within the year covered by this return	2b	х	
b 3a		3a	21	х
	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	00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			.,,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
а	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:	0.5		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	-		
C	Enter the amount of reserves on hand	44		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.	15		Λ
16	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
10	If "Yes," complete Form 4720, Schedule O.	10		
17	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			
	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			
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		X
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_		<u> X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
	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:		7.7	
а	The governing body?	8a	X	
_	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			37
800	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.)		.,	
40-	Did the averagination have least shorters by anchor or officiates 0	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? 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.	IIa	21	
	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	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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 filedAL , AK , CA , FL , GA , HI , IL , KS , KY	, MD	, MA,	MI
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))			
	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, and	l financ	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			
	MAYA CRAUDERUEFF - 347-699-6292			
	244 FIFTH AVENUE, STE D176, NEW YORK, NY 10001		•	
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)

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.
- 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.

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	າ than ເ	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	-	l ai		liecto	Tuus	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner	·		organizations
	line)	ib	Insti	Officer	Key	High	Former			
(1) MAYA CRAUDERUEFF	40.00	ļ		l						
PRESIDENT	10.00	Х		Х				85,000.	0.	0.
(2) MICHAEL MELTZER	10.00								•	•
CHAIRMAN	2 00	Х	_	Х				0.	0.	0.
(3) DAVID COHEN	3.00	٠,,		,,						•
TREASURER	2 00	Х	_	Х				0.	0.	0.
(4) SEMANTI DATTA KULKARNI SECRETARY	2.00	х		х				0.	0.	0.
(5) JULIA MAKSIMOVA	1.00	^	\vdash	^				0.	0.	0.
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(6) AVA MEHTA	1.00	^	\vdash	^				· ·	0.	0 •
DIRECTOR	1.00	Х						0.	0.	0.
(7) JACKY FLOOD SOEDA	1.00	25						•	•	•
DIRECTOR		x						0.	0.	0.
		1								
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		1								
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		1								

Form 990 (2022)

(A)	(B)			(C				ompensated Employee (D)	(E)			(F)	
Name and title	Average hours per	box	not cl	Posit neck m ss pers	ion ore th on is	both a	ın	Reportable compensation	Reportable compensation			timate nount	
	week (list any	_	cer an	d a dire	ector/	trustee	e)	from the	from related organizations			other	tion
	hours for	direct			,	2		organization	(W-2/1099-MIS	C/		pensa om th	
	related	Individual trustee or director	rustee			Sellsate		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations below	ual tru	Institutional trustee		ployee	ee ee		1099-NEC)				d relat ınizati	
	line)	Individ	Institut	Officer	Key employee	employee	Former				orga	ıııızatı	0115
1b Subtotal	I						\dashv	85,000.		0.			0.
c Total from continuation sheets to Pa							ŀ			0.			0.
	art VII, Section A						L	0.					
d Total (add lines 1b and 1c)								85,000.		0.			0.
d Total (add lines 1b and 1c)								85,000.					C
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization	but not limited to th	nose	liste	d abo	ve)	who	rec	85,000. ceived more than \$100,	000 of reportable			Yes	C
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of	but not limited to th	ee, k	liste	d abo	ve)	who or h	rec	85,000. ceived more than \$100,	000 of reportable			Yes	O. No
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of line 1a? If "Yes," complete Schedule J	but not limited to the fficer, director, trust	nose	liste	d abo	yee,	who	rec	85,000. ceived more than \$100,	000 of reportable		3	Yes	C
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of line 1a? If "Yes," complete Schedule J	but not limited to the fficer, director, trust for such individual the sum of reportab	ee, k	liste	mplo	yee,	who or h	rec	85,000. ceived more than \$100, nest compensated empler compensation from ti	000 of reportable oyee on			Yes	No
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv	but not limited to the fficer, director, trust for such individual the sum of reportable \$150,000? If "Yes e or accrue compete to the sum of th	ee, k	liste	mplo	yee, on a	or h	nigh bthe	85,000. ceived more than \$100, nest compensated empirer compensation from the compensation from the compensation or individual and organization or individual.	000 of reportable loyee on ne organization		3	Yes	X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is that and related organizations greater than Did any person listed on line 1a receive rendered to the organization? If "Yes,"	but not limited to the fficer, director, trust for such individual the sum of reportable \$150,000? If "Yes e or accrue compete to the sum of th	ee, k	liste	mplo	yee, on a	or h	nigh bthe	85,000. ceived more than \$100, nest compensated empirer compensation from the compensation from the compensation or individual and organization or individual.	000 of reportable loyee on ne organization		3	Yes	No X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes," Section B. Independent Contractors	but not limited to the fficer, director, trust for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum o	ee, k	liste	mplo mplo ensati ete So om a	yyee, on a	or h	reconsight	85,000. ceived more than \$100, nest compensated empler compensation from the compensation or individual dorganization or individual	000 of reportable oyee on ne organization dual for services		3 4 5		X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes, Section B. Independent Contractors	but not limited to the fficer, director, trust of for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum of the su	ee, k le co	liste	mplo ensati ete So om a	yyee, on a on werso	who or h	reconnight	85,000. ceived more than \$100, nest compensated empler compensation from the compensation or individual dorganization or individual at received more than \$	oyee on ne organization dual for services		3 4 5		X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes," Section B. Independent Contractors Complete this table for your five higher	but not limited to the fficer, director, trust of for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum of the sum of the calendar yes."	ee, k le co nsati	liste	mplo mnsati	yyee, on a on werso	who or h	reconnight	85,000. ceived more than \$100, nest compensated empler compensation from the compensation or individual dorganization or individual at received more than \$	ooyee on dual for services 100,000 of competer.	O.	3 4 5 on fro	om	X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization) Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes," Section B. Independent Contractors Complete this table for your five highe the organization. Report compensation (A	but not limited to the fficer, director, trust of for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum of the sum of the calendar yes."	ee, k le co nsati	liste	mplo mnsati	yyee, on a on werso	who or h	reconnight	85,000. ceived more than \$100, mest compensated emplorer compensation from the compensation or individual dorganization or individual at received more than \$100. the organization's tax y (B)	ooyee on dual for services 100,000 of competer.	O.	3 4 5 on fro	om	X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization) Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes," Section B. Independent Contractors Complete this table for your five highe the organization. Report compensation (A	but not limited to the fficer, director, trust of for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum of the sum of the calendar yes."	ee, k le co nsati	liste	mplo mnsati	yyee, on a on werso	who or h	reconnight	85,000. ceived more than \$100, mest compensated emplorer compensation from the compensation or individual dorganization or individual at received more than \$100. the organization's tax y (B)	ooyee on dual for services 100,000 of competer.	O.	3 4 5 on fro	om	X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization) Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes," Section B. Independent Contractors Complete this table for your five highe the organization. Report compensation (A	but not limited to the fficer, director, trust of for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum of the sum of the calendar yes."	ee, k le co nsati	liste	mplo mnsati	yyee, on a on werso	who or h	reconnight	85,000. ceived more than \$100, mest compensated emplorer compensation from the compensation or individual dorganization or individual at received more than \$100. the organization's tax y (B)	ooyee on dual for services 100,000 of competer.	O.	3 4 5 on fro	om	X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization) Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes," Section B. Independent Contractors Complete this table for your five highe the organization. Report compensation (A	but not limited to the fficer, director, trust of for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum of the sum of the calendar yes."	ee, k le co nsati	liste	mplo mnsati	yyee, on a on werso	who or h	reconnight	85,000. ceived more than \$100, mest compensated emplorer compensation from the compensation or individual dorganization or individual at received more than \$100. the organization's tax y (B)	ooyee on dual for services 100,000 of competer.	O.	3 4 5 on fro	om	X X
d Total (add lines 1b and 1c) Total number of individuals (including compensation from the organization) Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv rendered to the organization? If "Yes," Section B. Independent Contractors Complete this table for your five highe the organization. Report compensation (A	but not limited to the fficer, director, trust of for such individual the sum of reportable \$150,000? If "Yes the or accrue competent of the sum of the sum of the calendar yes."	ee, k le co nsati	liste	mplo mnsati	yyee, on a on werso	who or h	reconnight	85,000. ceived more than \$100, mest compensated emplorer compensation from the compensation or individual dorganization or individual at received more than \$100. the organization's tax y (B)	ooyee on dual for services 100,000 of competer.	O.	3 4 5 on fro	om	X X

Form **990** (2022)

Form	990) (2	MAYA'S HOPE I	FOUNDATION	N, INC.		27-3889	674 Page 9
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns1a					
ran		b	Membership dues1b					
Y.G		С	Fundraising events1c	149,588.				
ar /		d	Related organizations1d					
s, G		е	Government grants (contributions) 1e					
ion		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f 1	,231,940.				
ntri d O		g	Noncash contributions included in lines 1a-1f 1g \$					
a Su a		h	Total. Add lines 1a-1f		1,381,528.			
				Business Code				
ø	2	а						
r vic		b						
Se		С						
am		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	rest, and				
			other similar amounts)		127.			127.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u></u>				
	7	а	Gross amount from sales of (i) Securities	<u> </u>				
			assets other than inventory 7a 405	•				
		b	Less: cost or other basis					
nue			and sales expenses 76 488					
evenue			Gain or (loss) 7c -83		0.2			0.2
Ř			Net gain or (loss)		-83.			-83.
Other R	8	а	Gross income from fundraising events (not					
Ö			including \$ 149,588. of					
			contributions reported on line 1c). See	20 727				
			Part IV, line 18					
			Less: direct expenses 8		-13,950.			12 050
			Net income or (loss) from fundraising events		-13,330.			-13,950.
	9	а	Gross income from gaming activities. See	_				
			Part IV, line 19 9: Less: direct expenses 9:					
				•				
	10	a	Gross sales of inventory, less returns and allowances 10)a				
		h	Less: cost of goods sold 10	_				
			Net income or (loss) from sales of inventory	•				
			THE INCOME OF (1033) HOTH SAIES OF HIVEHILDLY	Business Code				
sno	11	а						
nec		b						
ella		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d					

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Form **990** (2022)

12 Total revenue. See instructions

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 721,145. 721,145. Benefits paid to or for members Compensation of current officers, directors, 84,991. 5,814. 5,814. 73,363. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 39,523. 34,109. 2,707. 2,707. 10 Payroll taxes Fees for services (nonemployees): Management 11,581. 11,581. Legal 19,850. 19,850. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 19,403. 11,519. 750. 7,134. column (A), amount, list line 11g expenses on Sch O.) 1,052. 262. 790. Advertising and promotion 12 37,248. 364. 36,884. Office expenses 13 Information technology 14 15 Royalties 5,011. 5,011. 16 Occupancy 2,217. 913. 1,304. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 374. 374. Depreciation, depletion, and amortization 22 1,512. 1,512. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 63,704. 63,704. PROGRAM SUPPLIES 399. 399. All other expenses 1,008,010. 900,994. 97,745. 9,271. 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 if following SOP 98-2 (ASC 958-720)

Form **990** (2022)

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			334,786.	1	713,555
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			15,845.	3	1,000
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	ion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	4,227. 3,791.			
	b	Less: accumulated depreciation	. 10b	3,791.	810.		436
	11	Investments - publicly traded securities			2,567.	11	2,210
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	254 222	15	545 004		
	16	Total assets. Add lines 1 through 15 (must ed	354,008.	16	717,201		
	17	Accounts payable and accrued expenses	38,825.	17	19,254		
	18	Grants payable	27,647.	18	51,200		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of th	-	······		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin of Schedule D	•	·		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			66,472.	26	70,454
_	20	Organizations that follow FASB ASC 958, cl			00,472.	20	70, 434
Sa		and complete lines 27, 28, 32, and 33.	icon iici	,			
١٩	27	Net assets without donor restrictions			287,536.	27	646,747
3	28	Net assets with donor restrictions				28	- · · ·
<u> </u>		Organizations that do not follow FASB ASC					
ᆵ		and complete lines 29 through 33.	,				
ة	29	Capital stock or trust principal, or current fund	ls	ľ		29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
ASS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			287,536.	32	646,747
2	33	Total liabilities and net assets/fund balances			354,008.	33	717,201

Pa	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)		1,36		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,00	8,0	<u> 10.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		9,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	7,5	36.
5	Net unrealized gains (losses) on investments	5		-4	01.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	64	6,7	47.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
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?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

OMB No. 1545-0047

Name of the organization

MANA'S HODE EQUIDATION TO

MAYA'S HOPE FOUNDATION, 27-3889674 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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))

	=			
(Comple	ete only if you checked the box on line 5, 7, or 8 of Pa	t I or if the organization failed to	o qualify under	Part III. If the organization
fails to d	qualify under the tests listed below, please complete F	art 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
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	280,251.	301,676.	487,091.	674,631.	1381528.	3125177.
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	280,251.	301,676.	487,091.	674,631.	1381528.	3125177.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						465,615.
	Public support. Subtract line 5 from line 4.						2659562.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	280,251.	301,676.	487,091.	674,631.	1381528.	3125177.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	112.	111.	59.	430.	-357.	355.
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.)						
11	Total support. Add lines 7 through 10						3125532.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	61,908.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	85.09 %
	Public support percentage from 2021					15	99.06 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2022

232022 12-09-22

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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

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
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2		
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3b		
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3c		
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10b		
ule A (Forn	n 990)	2022

	duct A (of the state) and the state) are state) and the state) and the state) and the state) and the state) are state) and the state) and the state) are state) are state) are state) are state) and the state) are st	, , , , , , , , , , , , , , , , , , , 	- 10	age o
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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	4		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	- Type in capporting organizations		Vaa	NIa
4	Were a majority of the expenization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*3b

3chedule A (Form 990) 2022

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

Sch	edule A (Form 990) 2022 MAYA'S HOPE FOUNDATION,	INC	. 2	7-3889674 Pa	ige 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructio	ns.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					

6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or

	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Chack here if the current year is the organization's first as a non-functionally	, intoaro	tod Type III aupporting arga	nization (see

Schedule A (Form 990) 2022

instructions).

_	rt V Type III Non-Functionally Integrated 509			ued)	7 3003074 Fage
Sect	ion D - Distributions		100		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
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 instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 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 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Employer identification number

Name of the organization MAYA'S HOPE FOUNDATION 27-3889674 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

MAYA'S HOPE FOUNDATION, INC.

27-3889674

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>450,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>139,221.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MAYA'S HOPE FOUNDATION, INC.

27-3889674

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I 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
		 \$	
(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
		 \$	
223/53 11-15			Schedule B (Form 990) (2022)

Page **4**

Name of organization **Employer identification number** MAYA'S HOPE FOUNDATION, INC. 27-3889674 Part III 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 (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Inspection

Name of the organization

MAYA'S HOPE FOUNDATION, INC.

Employer identification number 27-3889674

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts				
4	Total number at end of year	(a) Donor advised funds	(b) i unus and other accounts				
1 2	Total number at end of 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 v	L writing that the assets held in donor advi	sed funds				
Ū	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
_	for charitable purposes and not for the benefit of the donor o						
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	of a historically important land area				
	Protection of natural habitat	Preservation of	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Number of conservation easements on a certified historic stru		2c				
d	Number of conservation easements included in (c) acquired a	•					
	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax				
_	year						
4	Number of states where property subject to conservation eas		-				
5	Does the organization have a written policy regarding the per						
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,						
0	Stair and volunteer riours devoted to monitoring, inspecting,	rianding of violations, and emorcing cor	iservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year				
•	, undant of expenses meaned in memoring, inspecting, hard	imig of violations, and officining content	ation basemente daring the year				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170)(h)(4)(B)(i)				
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	[:] Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in f	urtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
			<u> </u>				
2	If the organization received or held works of art, historical tre-		al gain, provide				
	the following amounts required to be reported under FASB A						
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.	Schedule D (Form 990) 2022				

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

	rt III Organizations Maintaining Co	llections of Ar				Other S		<u>د ا − ع ه</u> Assets ا			age ∠
3	•								COITIII	iueu)	
Ū	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):										
а											
b	Scholarly research	e			nange program						
C	Preservation for future generations		,								
4	Provide a description of the organization's coll	ections and explair	n how the	v further th	e organization'	s exemn	t nurnos	se in Part	XIII		
5	During the year, did the organization solicit or							oo iii i ai t	/		
J	to be sold to raise funds rather than to be mair								Yes		No
Par	rt IV Escrow and Custodial Arrange										
	reported an amount on Form 990, Part			n gai iizatioi	Turiowered T	00 0111	31111 000	, raitiv,	1110 0, 01		
	Is the organization an agent, trustee, custodian		liary for co	ntributions	or other asset	s not inc	luded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII ar								00		
-	ii ree, explain are arrangement in rate xiii ar	ra complete the fol	nowing tar	510.					Amount	:	
С	Beginning balance						1c				
	Additions during the year						1d				
е.	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. C					•			_		j
	rt V Endowment Funds. Complete if										
		(a) Current year		or year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance			-							
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current		e (line 1a.	column (a)) held as:	I					
а	Board designated or quasi-endowment	•	%		,						
b	Permanent endowment										
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	ation that	are held an	d administered	for the					
	organization by:	•							[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	and the second s	ons listed as requir	ed on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the o										
Par	rt VI Land, Buildings, and Equipme		_					_			
	Complete if the organization answered	"Yes" on Form 990), Part IV,	line 11a. S	ee Form 990, F	Part X, lin	e 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	ed	(d) Bool	k valu	e
		basis (investr	ment)	basis ((other)		eciation				
1a	Land										
b	Buildings	1									
С	Leasehold improvements										
	Equipment				4,227.		3,79	91.		4	36.
	Other										
Total	Add lines 1a through 1e (Column (d) must on	ual Form 000 Part	V column	(P) line 10	20.1					4	36.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	MAYA'S HOPE	FOUNDATION,	INC.	27-3889674 Page 3
Part VII	Investments -	Other Securities.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12	2.
(a) Descrip	otion of security or categ	OTY (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financia	al derivatives				
(2) Closely					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990), Part X, col. (B) line 12.)			
Part VIII	Investments -	Program Related.		•	
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13	i.
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	h) must equal Form 990), Part X, col. (B) line 13.)			
Part IX	Other Assets.	, r are 7, 0011 (B) mile 101/			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15	5.
			Description		(b) Book value
(1)			·		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	imp (h) must squal Es	orm 000 Part V and (P) line	15 \		
Part X	Other Liabilitie	990, Part A, COI. (b) IIII6 S.	: 13.)		
1 3.1 3.1			on Form 990 Part IV line	e 11e or 11f. See Form 990, Part X,	line 25
	<u> </u>	escription of liability		7 170 01 1111 000 1 01111 000, 1 4117,	(b) Book value
1. (1) Foo		ocompaint of masimey			(D) Book value
	deral income taxes				
(2)					
(3)					
(4)					
(5)					-
(6)					
(7)					
(8)					
(9)					
•	., .	, , ,	,		
2. Liability	for uncertain tax pos	sitions. In Part XIII, provide	the text of the footnote to	o the organization's financial statem	nents that reports the

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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Sched Par l	dule D (Form 990) 2022 MAYA'S HOPE FOUNDATION,				3889674 Page 4
Pan	·		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			1 275 500
				1	1,375,589.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	401		
	Net unrealized gains (losses) on investments		-401.		
	Donated services and use of facilities				
	Recoveries of prior year grants				
	/	2d			401
	Add lines 2a through 2d			2e	-401.
	Subtract line 2e from line 1			3	1,375,990.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		0.260		
	Other (Describe in Part XIII.)	4b	-8,368.		0 260
	Add lines 4a and 4b			4c	-8,368.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	1,367,622.
Par	T XII Reconciliation of Expenses per Audited Financial Stat		xpenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	1,016,378.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	8,368.		
е	Add lines 2a through 2d			2e	8,368.
3	Subtract line 2e from line 1			3	1,008,010.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	.)		5	1,008,010.
Par	t XIII Supplemental Information.	,			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X	K, line 2; Part XI,
PAR	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
DIR	RECT EXPENSES REPORTED ON FORM 990, PART	VIII, LII	NE 8B		-8,368.
PAR	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
DIR	RECT EXPENSES REPORTED ON FORM 990, PART	VIII, LII	NE 8B		8,368.
	·				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

MAYA'	S	HOPE	FOUNDATION,	INC.
T-TY 7 T Y 7		1101 11	TOUNDATION,	TINC

27-3889674

MAYA'S HOPE FOU	NDATTON,	INC.		27-388967	
		ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
Form 990, Part IV	•				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance? X	Yes N
2 For grantmakers. Description United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	he following Part	· L line 3 table ca	an be duplicated if additional space is r	needed)	
(a) Region	(b) Number of	(c) Number of		(e) If activity listed in (d)	(f) Total
(a) Region	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and	gram services, investments, grants to		for and
	ar are region	independent contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
AST ASIA AND THE				MEDICAL CARE AND	
ACIFIC - AUSTRALIA,				EDUCATIONAL NEEDS FOR	
RUNEI, BURMA,				ORPHANS AND IMPOVERISHED	
AMBODIA,	0	0	PROGRAM SERVICES	CHILDREN	183,314
RUSSIA AND	1			MEDICAL AND CHILD CARE	
NEIGHBORING STATES -				FOR CHILDREN WITH	
				SPECIAL NEEDS AND LIVING	
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	PROGRAM SERVICES	IN EXTREME NEED	620,890
				L	
UROPE (INCLUDING				FORMULA FOR CHILDREN IN	
CELAND AND				UKRAINE. WHEELCHAIR FOR	
GREENLAND	0	0	PROGRAM SERVICES	CHILD IN POLAND	9,455
					
					<u> </u>
3 a Subtotal	0	0			813,659
b Total from continuation					
sheets to Part I	0	0			0
					Ť
c Totals (add lines 3a	0	0			912 650
and 3b)			tions for Form 990		813,659 (Form 990) 202

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

Schedule F (Form 990) 2022

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE	MEDICAL CARE AND					
		PACIFIC -	EDUCATIONAL NEEDS FOR					
		AUSTRALIA,	ORPHANS,					
		BRUNEI, BURMA,	IMPOVERISHED, AND	129,883.	WIRE TRANSFER	0.		
		RUSSIA AND						
		NEIGHBORING	MEDICAL AND CHILD					
		STATES - ARMENIA,	CARE FOR SPECIAL					
		AZERBIJAN,	NEEDS CHILDREN	449,232.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	BASIC NEEDS FOR					
		PACIFIC -	CHILDREN WITH SPECIAL					
		AUSTRALIA,	NEEDS AND EDUCATIONAL				MEDICINE AND	
		BRUNEI, BURMA,	NEEDS	0.	CREDIT CARD	49,981.	BASIC NEEDS	воок
		RUSSIA AND	MEDICAL CARE, THERAPY					
		NEIGHBORING	AND EDUCATIONAL NEEDS					
		STATES - ARMENIA,	FOR ORPHANS AND					
		AZERBIJAN,	SPECIAL NEEDS	51,972.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND) -	FORMULA FOR CHILDREN					
		ALBANIA, ANDORRA,	IN UKRAINE	0.	WIRE TRANSFER	5,057.	FORMULA	воок
		RUSSIA AND	MEDICAL CARE, THERAPY					
		NEIGHBORING	AND EDUCATIONAL NEEDS					
		STATES - ARMENIA,	FOR ORPHANS AND					
		AZERBIJAN,	SPECIAL NEEDS	0.	WIRE TRANSFER	64,824.	WHEELCHAIR	воок
		RUSSIA AND	MEDICAL CARE, THERAPY					
		NEIGHBORING	AND EDUCATIONAL NEEDS					
		STATES - ARMENIA,	FOR ORPHANS AND					
		AZERBIJAN,	SPECIAL NEEDS	7,682.	WIRE TRANSFER	0.		
		RUSSIA AND	MEDICAL AND CHILD					
		NEIGHBORING	CARE FOR SPECIAL					
		STATES - ARMENIA,	NEEDS CHILDREN AND					
		AZERBIJAN,	DIRECT FINANCIAL	32,564.	WIRE TRANSFER	0.		

Enter total numb	er of recipient organizations li	sted above that are reco	gnized as charities by	the foreign country,	recognized as a	tax
exempt 501(c)(3)	organization by the IRS, or fo	or which the grantee or c	ounsel has provided a	section 501(c)(3) eq	uivalency letter	

3 Enter total number of other organizations or entities

9 0

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance REIMBURSEMENT FOR SENDING RUSSIA AND FUNDS TO INDIVIDUALS IN NEIGHBORING UKRAINE STATES 12,406. BANK TRANSFER 0.

6	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		X No
		Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No

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Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION HAS AN AGENCY RELATIONSHIP WITH ITS REPRESENTATIVES IN THE PHILIPPINES AND UKRAINE TO MONITOR THE USE OF GRANT FUNDS.

PART I, LINE 3:

MAYA'S HOPE FOUNDATION, INC. ACCOUNTS FOR EXPENDITURES IN THE LISTED REGIONS USING THE ACCRUAL METHOD OF ACCOUNTING.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(D) PURPOSE OF GRANT: MEDICAL CARE AND EDUCATIONAL NEEDS FOR ORPHANS,

IMPOVERISHED, AND SPECIAL NEEDS CHILDREN

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,

(D) PURPOSE OF GRANT: MEDICAL CARE, THERAPY AND EDUCATIONAL NEEDS FOR

ORPHANS AND SPECIAL NEEDS CHILDREN

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,

(D) PURPOSE OF GRANT: MEDICAL CARE, THERAPY AND EDUCATIONAL NEEDS FOR

ORPHANS AND SPECIAL NEEDS CHILDREN

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,

(D) PURPOSE OF GRANT: MEDICAL CARE, THERAPY AND EDUCATIONAL NEEDS FOR

ORPHANS AND SPECIAL NEEDS CHILDREN

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,

(D) PURPOSE OF GRANT: MEDICAL AND CHILD CARE FOR SPECIAL NEEDS CHILDREN

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
	HOPE FOUNDATION, II					27-3889	
Fundraising Activities. required to complete this par	 Complete if the organization answe t. 	red "Y	es" or	r Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual lart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organization	on is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from re	<u> </u> gistration
or licensing.							

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	is greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			GALA	((4-4-1	col. (c))		
e			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	180,325.			180,325.		
	2	Less: Contributions	149,588.			149,588.		
	3	Gross income (line 1 minus line 2)	30,737.			30,737.		
	4	Cash prizes						
s	5	Noncash prizes	276.			276.		
Direct Expenses	6	Rent/facility costs	28,989.			28,989.		
irect E	7	Food and beverages	114.			114.		
	8	Entertainment	6,940.			6,940.		
	9	Other direct expenses				8,368.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			44,687.		
De	11 	Net income summary. Subtract line 10 from li				-13,950.		
Po	וונו	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		ψ13,000 0111 01111 930-L2, line 0a.	T	(b) Pull tabs/instant		(d) Total gaming (add		
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
ш	1	Gross revenue						
es	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
		1	Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u> </u>		
9	Fn	ter the state(s) in which the organization condu	icts gaming activities:					
		the organization licensed to conduct gaming a				Yes No		
		No," explain:						
		ere any of the organization's gaming licenses re	•		/ear?	Yes No		
b	lt "	Yes," explain:						
	_							
	_							

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 MAYA'S HOPE FOUNDATION, INC. 27-3	8889674	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		ا ءمد ا	0.4
	a The organization's facility	13a	<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
100	boes the organization have a contract with a tillio party from whom the organization receives gaming revenue:		
	If IIV as II and a the constant of a series of the the constant and the co		
ľ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address		
46	Coming manager information		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
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?	Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	t III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,	,,
	100, 100, 10, and 170, an applicable. Also provide any additional information. Occ instructions.		
_			

Schedule (Figm 990) MAYA'S HOPE POUNDATION, INC. 27-3889674 Page 4 Part IV Supplemental Information geometrical supplemental suppleme	Schedule G	G (Form 990)	MAYA	'S HOPE	FOUNDATION,	INC.	27-3889674	Page 4
	Part IV	Supplemental Infor	mation	(continued)				
				(continued)				
						<u> </u>		
	-							

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

MAYA'S HOPE FOUNDATION, INC.

Employer identification number 27-3889674

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCALE. WHETHER PROVIDING FUNDING FOR LOVING CAREGIVERS, VITAMIN-RICH

FORMULA, OR ACCESS TO QUALITY MEDICAL CARE, MAYA'S HOPE IMPROVES LIVES,

ONE CHILD AT A TIME!

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

THE PREPARED FORM 990 IS REVIEWED IN DETAIL BY THE MEMBERS OF THE FINANCE

COMMITTEE AND THEN PROVIDED TO THE MEMBERS OF THE GOVERNING BODY FOR REVIEW

AND APPROVAL BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING

BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

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

ANNUALLY THE INDEPENDENT MEMBERS OF THE GOVERNING BODY EVALUATE THE

PRESIDENT'S COMPENSATION USING DATA ON COMPENSATION PAID BY COMPARABLE

ORGANIZATIONS FOR SIMILAR SERVICES. INCREASES TO THE PRESIDENT'S

COMPENSATION ARE ALSO BASED ON MERIT AND THE ABILITY TO PAY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization MAYA'S HOPE FOUNDATION, INC.	Employer identification number 27-3889674
SC, TN, UT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC (JPON REQUEST.