# Maternal Help Hope Fund

Return of Organization Exempt From Income Tax December 31, 2017

OPEN TO PUBLIC INSPECTION

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

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

and ending

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

Inspection

OMB No. 1545-0047

MATERNAL HELP HOPE FUND   Comp business as HAMLIN FISTULA USA   27-4451603     Comp business as HAMLIN FISTULA USA   27-4451603     Comp business as HAMLIN FISTULA USA   27-4451603     Comp business as HAMLIN FISTULA USA   210     Comp business as HAMLIN STREET   210     Comp business as An Amount of the Hamilton Street   210     Comp business as Amount Street   210     Comp b	В	Check if applicable	C Name of organization	D Employer identif	ication number
City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town state   City or town	Г	Addres	S MATERNAL HELD HODE FUND		
Recombisition   Recombisitio	F	Name			451603
Contributions and grants [Part VIII], intention (Spart VIII), intention (Part VIII), int	F	Initial	=g		
City or town, state or province, country, and ZIP or foreign postal code  SAN JOSE, CA 95110    Final Comment of the Comment	F	Final			
SAN JOSE, CA 95110		termin-			
Private and address of principal officer/JOE KINAHAN   However, which is a subportant test.   Ves   No   No   No   No   No   No   No   N		Amend		· ·	
SAME AS C ABOVE    Taxe-exempts status:		tion	F Name and address of principal officer: JOE KINAHAN		
J Websites: ► WWW HAMLINF ISTULAUSA.ORG   Hcj Group exemption number			SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
Number of voluntearing   Trust	<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or	527 If "No," attach a	a list. (see instructions)
Briefly describe the organization's mission or most significant activities: TO SUPPORT THE PREVENTION AND TREATMENT OF CHILDBIRTH INJURIES (PARTICULARLY OBSTETRIC FISTULA AND Check this box					
Briefly describe the organization's mission or most significant activities: TO SUPPORT THE PREVENTION AND TREATMENT OF CHILDBIRTH INJURIES (PARTICULARLY OBSTETRIC FISTULA AND TREATMENT OF CHILDBIRTH INJURIES (PARTICULARLY OBSTETRIC FISTULA AND Check this box				rear of formation: 2010	<b>M</b> State of legal domicile: $\mathbf{D}\mathbf{E}$
TREATMENT OF CHILIDBIRTH INJURIES (PARTICULARLY OBSTETRIC FISTULA AND  Check this box	P			D	IMT 031 331D
Solution	e	1 1	Briefly describe the organization's mission or most significant activities: TO SUPPO	KT THE PREVEN	TION AND
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Solution	Veri	1	· · · · · · · · · · · · · · · · · · ·	1	ssets. I 5
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Prior Year   Courter Year   State	⋖				0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Total fundraising expenses (Part IX, column (A), line 25) 20 Total assets (Part X, line 18 from line 12 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Signature Block 26 John Add Complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  27 Part II Signature Block 28 John Alann, Executive Director 38 John Alann, Executive Director 39 John Alann, Firms aame Mueller Preparer 39 John Alann, Firms aame Mueller Proparer's signature John Complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  29 Print/Type preparer's name Preparer's signature John Complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  20 Firm's name Mueller Proparer's signature John Complete. Declaration of preparer (other than officer) Firm's name Mueller Proparer's signature Firm's na			,		Current Year
9   Program service revenue (Part VIII, line 2g)	anue	8 (	Contributions and grants (Part VIII, line 1h)	586,362.	1,644,635.
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	aun	1			0.
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,904.	4,334.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   492,503.   635,466.     14 Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   43,991.   27,763.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17 Other expenses (Part IX, column (D), line 25)   26,159.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   671,175.   789,268.     19 Revenue less expenses. Subtract line 18 from line 12   8eginning of Current Year     19 Revenue less expenses. Subtract line 18 from line 12   8eginning of Current Year     15 Calaries, or form of the part I   Signature Block     10 Total liabilities (Part X, line 26)   0.   0.     20 Total assets (Part X, line 26)   0.   0.     21 Total liabilities (Part X, line 26)   0.   0.     22 Net assets or fund balances. Subtract line 21 from line 20   634,685.   1,494,386.     16 Part I   Signature Block     17 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.	_				0.
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   43,991. 27,763.    16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0. 0.    0.					
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising eses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 Net assets or fund balances. Subtract line 21 from line 20  20 Total liabilities (Part X, line 26)  21 Total lassets (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Date  25 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  26 Preparer  27 JEANETTE BAX-KURTZ  28 JEANETTE BAX-KURTZ  39 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  29 Preparer  20 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  20 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  29 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  20 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  20 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  20 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  20 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  20 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  21 JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  22 JOE KINAHAN, EXECUTIVE DIRECTOR  T					
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		1			
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid  Print/Type preparer's name  JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's name  MUELLER PROST LC  Firm's selivation of properties and to the print properties and to the post of my knowledge.  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's selivation of properties and properties and to the pest of my knowledge.  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's selivation of properties and properties and to the pest 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.  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's selivation of properties and pr	ses	15		_	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Paid  Print/Type preparer's name  JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's name  MUELLER PROST LC  Firm's selivation of properties and to the print properties and to the post of my knowledge.  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's selivation of properties and properties and to the pest of my knowledge.  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's selivation of properties and properties and to the pest 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.  Print/Type preparer's name  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's selivation of properties and pr	en	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   671,175.   789,268.     19 Revenue less expenses. Subtract line 18 from line 12   -80,909.   859,701.     20 Total assets (Part X, line 16)   634,685.   1,494,386.     21 Total liabilities (Part X, line 26)   0.   0.     22 Net assets or fund balances. Subtract line 21 from line 20   634,685.   1,494,386.     Part II   Signature Block	Ĕ	D		13/ 681	126 039
19   Revenue less expenses. Subtract line 18 from line 12   -80,909.   859,701.				671 175	
Beginning of Current Year   End of Year		1			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here JOE KINAHAN, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name JEANETTE BAX-KURTZ JEANETTE BAX-KURTZ 04/25/18 self-employed P00096490  Preparer Firm's name MUELLER PROST LC Firm's address 7733 FORSYTH BLVD., SUITE 1200 ST. LOUIS, MO 63105  Phone no. (314) 862-2070	or Po	3	tevenue less expenses. Subtract line 10 from line 12		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here JOE KINAHAN, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name JEANETTE BAX-KURTZ JEANETTE BAX-KURTZ 04/25/18 self-employed P00096490  Preparer Firm's name MUELLER PROST LC Firm's address 7733 FORSYTH BLVD., SUITE 1200 ST. LOUIS, MO 63105  Phone no. (314) 862-2070	ets	20	Total assets (Part X. line 16)		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here JOE KINAHAN, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name JEANETTE BAX-KURTZ JEANETTE BAX-KURTZ 04/25/18 self-employed P00096490  Preparer Firm's name MUELLER PROST LC Firm's address 7733 FORSYTH BLVD., SUITE 1200 ST. LOUIS, MO 63105  Phone no. (314) 862-2070	ASS	21			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    Date	E E	22		634,685.	1,494,386.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOE KINAHAN, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name JEANETTE BAX-KURTZ Firm's name MUELLER PROST LC Firm's address 7733 FORSYTH BLVD., SUITE 1200 ST. LOUIS, MO 63105  Phone no. (314) 862-2070	P	art II	Signature Block		
Sign Here    Signature of officer	Unc	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of n	ny knowledge and belief, it is
Here  JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  JEANETTE BAX-KURTZ  Firm's name  MUELLER PROST LC  Firm's address  7733 FORSYTH BLVD., SUITE 1200  ST. LOUIS, MO 63105  Phone no. (314) 862-2070	true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge.	
Here  JOE KINAHAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  JEANETTE BAX-KURTZ  Firm's name  MUELLER PROST LC  Firm's address  7733 FORSYTH BLVD., SUITE 1200  ST. LOUIS, MO 63105  Phone no. (314) 862-2070			Cinahun of officer	Data	
Type or print name and title  Print/Type preparer's name  JEANETTE BAX-KURTZ  Preparer  Use Only  Type or print name and title  Preparer's signature  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's name  MUELLER PROST LC  Firm's address  7733 FORSYTH BLVD., SUITE 1200  ST. LOUIS, MO 63105  Phone no. (314) 862-2070	Sig	jn	•	Date	
Print/Type preparer's name  JEANETTE BAX-KURTZ  Preparer's signature  JEANETTE BAX-KURTZ  Preparer's signature  JEANETTE BAX-KURTZ  Firm's name  MUELLER PROST LC  Firm's address  7733 FORSYTH BLVD., SUITE 1200  ST. LOUIS, MO 63105  Phone no. (314) 862-2070	He	re			
Paid  JEANETTE BAX-KURTZ  JEANETTE BAX-KURTZ  Firm's name  MUELLER PROST LC  Firm's address  7733 FORSYTH BLVD., SUITE 1200  ST. LOUIS, MO 63105  Phone no. (314) 862-2070			· · · · ·	Date   Object	T PTIN
Preparer   Firm's name   MUELLER PROST LC   Firm's EIN   43-1594752   Use Only   Firm's address   7733 FORSYTH BLVD., SUITE 1200   Phone no. (314) 862-2070	Dai	,		OHOOK	
Use Only Firm's address 7733 FORSYTH BLVD., SUITE 1200 ST. LOUIS, MO 63105 Phone no. (314) 862-2070					43_1594752
ST. LOUIS, MO 63105 Phone no. (314) 862-2070				FITTI S EIN	4J-1J34/J4
· · · · · · · · · · · · · · · · · · ·	530	, only		Phone no (3	14) 862-2070
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Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUPPORT THE PREVENTION AND TREATMENT OF CHILDBIRTH INJURIES
	(PARTICULARLY OBSTETRIC FISTULA AND PELVIC ORGAN PROLAPSE) AND TO
	SUPPORT PROGRAMS OF RESEARCH, PROFESSIONAL TRAINING IN CLINICAL CARE,
	PATIENT ADVOCACY, AND PUBLIC EDUCATION TO FURTHER THESE ENDS, BY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 490,093 • including grants of \$ 424,979 • ) (Revenue \$ )
4a	(Code: ) (Expenses \$ 490,093. including grants of \$ 424,979.) (Revenue \$)  MATERNAL HELP HOPE FUND WORKS TO PROVIDE SUPPORT TO HAMLIN FISTULA
	ETHIOPIA FOR THE PREVENTION AND TREATMENT OF CHILDBIRTH INJURIES IN
	PARTICULAR FOR OBSTETRIC FISTULA, PELVIC ORGAN PROLAPSE, AND RELATED
	COMPLICATIONS, THROUGH EDUCATION OF MEDICAL PROFESSIONALS IN THE AREA
	OF OBSTETRIC FISTULA TREATMENT, PROGRAMS FOR THE PREVENTION OF
	OBSTETRIC FISTULA AND RESEARCH TO IMPROVE TREATMENT. THE PROGRAMS FOR
	PREVENTION OF OBSTETRIC FISTULA INCLUDES THE TRAINING OF MIDWIVES AND
	THEIR DEPLOYMENT IN PUBLIC HEALTH CENTERS WHERE THE ORGANIZATION IS
	ACTIVELY ENGAGED IN PROVIDING MATERNAL AND REPRODUCTIVE HEALTH SERVICES
	AND COMMUNITY ENGAGEMENT.
4b	(Code: ) (Expenses \$ 236,985. including grants of \$ 210,487.) (Revenue \$ )
	MATERNAL HOPE HELP PROVIDES PROJECT MANAGEMENT, FINANCIAL RESOURCES,
	AND MEDICAL STAFF TRAINING FOR A DEDICATED WOMEN'S COMMUNITY HOSPITAL
	IN UGANDA THAT FOCUSES ON TREATMENT OF OBSTETRIC FISTULA VIA 30 BED
	TREATMENT AND 30 BED RECOVERY REHABILITATION WARDS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 727,078.
	Form <b>990</b> (2017)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		v
4-	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,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

### Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<b> </b>		. v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		Х
25-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line?	25h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
38		38	х	
	Note. All Form 990 filers are required to complete Schedule O	30		

# Form 990 (2017) MATERNAL HELP HOPE FUND Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part v					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
_	(gambling) winnings to prize winners?		 I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1			
	filed for the calendar year ending with or within the year covered by this return			01	X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the course of lines 1a and 0a is greater than 250 year group to required to a file (as a instruction			2b	Λ	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a	30		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
b	If "Yes," enter the name of the foreign country:	uooou		,u		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (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 transactions.			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	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 se			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		 I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are reliable to the organization of cars, boats, airplanes, or other vehicles, did the organizations are reliable to the organization of cars, boats, airplanes, or other vehicles, did the organizations are reliable to the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, ai			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	a by th	е	8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			0		
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:			0.5		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		
	<b>Note.</b> 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	I	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.0		X
				14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ie U		14b	990	(2017)

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 in 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 1a			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 314-862-2070 46 W. JULIAN STREET, NO. 210, SAN JOSE, CA 95110			
	46 W. JULIAN STREET, NO. 210, SAN JOSE, CA 95110			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(C Pos	C)			(D)	(E)	(F)	
Name and Title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DR. KAREN GOLD DIRECTOR	1.00	x						0.	0.	0	
(2) DARINA BYRNE	1.00							•	•		
DIRECTOR		х						0.	0.	0	
(3) JOE KINAHAN	30.00										
EXECUTIVE DIRECTOR		Х		Х				0.	0.	C	
(4) STEVE SOCKOLOV	10.00										
PRESIDENT	F 00	Х		Х				0.	0.	(	
(5) KATIE BAGLEY	5.00	x		x				0.	0.		
SECRETARY (6) CATHY SANDERS	6.70	^		^				0.	0.	'	
FORMER EXECUTIVE DIRECTOR	0.70	1		Х				20,000.	0.	6,23	

Pai	T VII   Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A)	(B)			Pos	C) ition	,		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation		l	stimate nount (	
		week					or/trus		from	from related			other	J1
		(list any	rector						the	organization			pensa	
		hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anizati	
		organizations	truste	al trus		yee	uaduc		(** 27 1000 141100)			·	d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
		iii ie)	Р	lus	#0	Ke	E E	윤						
1b	Sub-total							<b></b>	20,000.		0.		6,2	
	Total from continuation sheets to Part V								0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)  Total number of individuals (including but n								20,000.	000 of reported	0.		6,2	33.
2	compensation from the organization	ot ilmited to tr	iose	IISTE	eu ai	DOV	e) wi	io re	eceived more than \$100	,000 of reportab	ne			0
													Yes	No
3	Did the organization list any <b>former</b> officer,	•			•	•	•							v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
4	and related organizations greater than \$15	•							•	irie organization		4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indivi		3			
S00	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J t	or s	uch	pers	son .					5		X
1	Complete this table for your five highest co	mpensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
	the organization. Report compensation for													
	(A) Name and business	address	NI	INC	7				<b>(B)</b> Description of s	ervices	C	(C	<b>))</b> nsatio	า
	Traine and Sasmess		14/	7111					Decempation of a	0111000		ompo		<u> </u>
-														
2	Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					0					Form	990 c	2017)

Pa	rt V					an in this Dout VIII			
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 :	a	Federated campaigns	1a					
ìrar oun			Membership dues						
s, G Am			Fundraising events						
Sift ar /			Related organizations						
imil			Government grants (contribut						
ion	1	f	All other contributions, gifts, gran	ts, and					
but			similar amounts not included abo	ما ا	644,635.				
ntri d O	,	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f			1,644,635.			
					Business Code				
ė	2 8	а							
Program Service Revenue	-	b							
Se		С							
am	,	d							
ogr		е							
Pr	1	f	All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)		<b>&gt;</b>	345.			345.
	4		Income from investment of ta						
	5		Royalties						
				(i) Real	(ii) Personal				
	6 8	а	Gross rents						
	1	b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	26,608.					
	1	b	Less: cost or other basis						
			and sales expenses	22,619.					
	•	С	Gain or (loss)	3,989.					
	(	d	Net gain or (loss)		<u></u>	3,989.			3,989.
nue	8 8	а	Gross income from fundraisin including \$	J (					
eve			contributions reported on line						
r R			Part IV, line 18	a					
Other Revenue	1	b	Less: direct expenses						
0			Net income or (loss) from fund		<b></b>				
			Gross income from gaming ac						
			Part IV, line 19		1				
	-	b	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
			and allowances						
	-	b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11 a	a							
	ı	b							
	(	С							
	(	d	All other revenue						
	(	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12		Total revenue. See instructions.			1,648,969.	0.	0.	4,334.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete a	ll columns. All other organization:	s must complete column (A).

	Check if Schedule O contains a respons	7.5			7=1
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising 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	635,466.	635,466.		
	Benefits paid to or for members	000,1001	000,1000		
	Compensation of current officers, directors,				
	trustees, and key employees	26,233.	8,745.	8,744.	8,744
	Compensation not included above, to disqualified	20,233.	0,745.	0,711.	0,711
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	F				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	1,530.	510.	510.	510
	Payroll taxes	1,330.	310.	310.	310
	Fees for services (non-employees):				
	Management	1 1 4 0	1 140		
	Legal	1,140.	1,140.	10 261	
	Accounting	19,361.		19,361.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	76.266	<b>50</b> 444		46 000
	column (A) amount, list line 11g expenses on Sch 0.)	76,366.	59,441.	550.	16,375 530
12	Advertising and promotion	530.			530
	Office expenses	800.	800.		
14	Information technology	827.	827.		
15	Royalties				
16	Occupancy				
	Travel	6,271.	6,271.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,878.	13,878.		
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	771.		771.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	BANK SERVICE CHARGES	4,935.		4,935.	
b	REGISTRATION FEES	1,160.		1,160.	
C		,			
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	789,268.	727,078.	36,031.	26,159
	Joint costs. Complete this line only if the organization	, 2	, 0 , 0 •	33,331.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			I		
	Check here if following SOP 98-2 (ASC 958-720)	1	Į.	I	

# Form 990 (2017) Part X | Balance Sheet

Part	^	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	634,685.	1	1,108,635.
	2	Savings and temporary cash investments		2	385,751
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
1	l0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
1	11	Investments - publicly traded securities		11	
1	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	634,685.	16	1,494,386
1	17	Accounts payable and accrued expenses		17	
1	18	Grants payable		18	
1	19	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 2	22	Loans and other payables to current and former officers, directors, trustees,			
<b>≜</b>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
<b>-</b>   2	23	Secured mortgages and notes payable to unrelated third parties		23	
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
2	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.	624 605		824 284
ğ   2	27	Unrestricted net assets	634,685.	27	731,371
Ba 2	28	Temporarily restricted net assets		28	763,015
Fund Balances	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ		and complete lines 30 through 34.			
§   Set	30	Capital stock or trust principal, or current funds		30	
A§   3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>୬</b> ∣	32	Retained earnings, endowment, accumulated income, or other funds	C24 C05	32	1 404 206
_   3	33	Total net assets or fund balances	634,685.	33	1,494,386
3	34	Total liabilities and net assets/fund balances	634,685.	34	1,494,386

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments	1 2 3 4 5	85	8,9 9,2 9,7 4,6	68. 01.	
6 7 8	Donated services and use of facilities  Investment expenses  Prior period adjustments	6 7 8				
9 10	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,49	4,3	0. 86.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-	Yes	No	
<b>2</b> a	, , , , , , , , , , , , , , , , , , , ,		2a		X	
h	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					
	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	e basis,	2b		X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		2c			
За	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	edule O.	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MATERNAL HELP HOPE FUND 27-4451603 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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 in 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

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# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	126,364.	652,656.	609,110.	586,362.	1,644,635.	3,619,127.
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	106 364	650 656	600 110	506 360		
4	Total. Add lines 1 through 3	126,364.	652,656.	609,110.	586,362.	1,644,635.	3,619,127.
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)						2,385,428.
6	Public support. Subtract line 5 from line 4.						1,233,699.
	etion B. Total Support				( 0 00 ( 0	( ) 00/-	
	ndar year (or fiscal year beginning in)	(a) 2013 126, 364.	(b) 2014 652,656.	(c) 2015 609,110.	(d) 2016 586, 362.	(e) 2017	(f) Total
	Amounts from line 4	120,304.	052,050.	009,110.	360,302.	1,644,635.	3,619,127.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				200.	345.	545.
_	and income from similar sources				200.	343.	343.
9	Net income from unrelated business						
	activities, whether or not the						
40	Other income. Do not include gain						
10	Other income. Do not include gain or loss from the sale of capital						
	•						
11	assets (Explain in Part VI.)						3,619,672.
12	Gross receipts from related activities,	etc (see instruction	one)			12	3,013,072.
13	First five years. If the Form 990 is for	· · · · · · · · · · · · · · · · · · ·		d fourth or fifth to		1	
	organization, check this box and <b>stor</b>	- 1			-		ightharpoonup
Sec	ction C. Computation of Publ						<u></u>
	Public support percentage for 2017 (			column (f))		14	34.08 %
15	Public support percentage from 2016					15	42.40 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	· 			<b>▶</b> X
b	33 1/3% support test - 2016. If the						is box
	and stop here. The organization qual						<b>&gt;</b>
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, ch	neck this box and	<b>stop here.</b> Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	<b>&gt;</b>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2017

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,			, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
_		
3с		
4a		
44		
4b		
4c		
5a		
5b		
5c		_
33		
6		
7		
8		
9a		
9d		
9b		
9c		
10a		
10b		

Pai	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
800	stion C. Type II Supporting Organizations			
360	Control Type in Supporting Organizations		Yes	Na
	Mars a majority of the avacatization's divestors or twistons during the tay year along a majority of the divestors		res	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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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		
<u>Sec</u>	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 yea(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 government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а				
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		. ==		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type iii Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

D : 1/1	(1 on 1 oo 0 o 0 o 0 o 22) 20 11 1 1 1 1 1 1 1 1 1 1 1
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
_	

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

27-4451603

2017

Name of the organization Employer identification number

MATERNAL HELP HOPE FUND

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 501(c)(3) exempt private foundation Form 990-PF 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

/AI	PERNAL HELP H					27-445160				
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "Y	es" on			
	Form 990, Part IV	/, line 14b.								
1	<b>y</b>									
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No									
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	ide the			
	United States.									
3	Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)					
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activ	vity listed in (d)	(f) Total			
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and			
		in the region	independent contractors	gram services, investments, grants to		specific type	investments			
			in the region	recipients located in the region)	of service	(s) in the region	in the region			
					OVERSIGHT,	TREATMENT,				
					CARE, AND P	REVENTION OF				
					CHILDBIRTH	INJURIES IN				
SUB-	-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ETHIOPIA.	ALSO, PROJECT	727,078.			
3 a	Sub-total	0	0				727,078.			
	Total from continuation									
	sheets to Part I	0	0				0.			
С	Totals (add lines 3a									
	and 3b)	0	0				727,078.			

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

Schedule F (Form 990) 2017

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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>(b)</b> IRS code section and EIN (if applicable)		(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)
			ETHIOPIA - GENERAL OPERATING EXPENSES					
		SUB-SAHARAN	AND PATIENT CARE					
		AFRICA	INCLUDING MIDWIFERY	400,000.	WIRED	0.	N/A	N/A
			ETHIOPIA - TO PAY	,				
			COSTS INCURRED					
		SUB-SAHARAN	PROVIDING OVERSIGHT					
		AFRICA	AND PROGRAM	24,979.	WIRED	0.	N/A	N/A
			UGANDA -					
			CONSTRUCTION, PROJECT					
		SUB-SAHARAN	MANAGEMENT, AND					
		AFRICA	MEDICAL STAFF	210,487.	WIRED	0.	N/A	N/A
2 Enter total number of	recipient organizatio	ons listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	exempt		

**\_\_\_\_** 

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part III Grants and Other Assistance Part III can be duplicated if a			<b>ates.</b> Complete i	f the organization answered "Yes"	on Form 990, Part	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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

art	IV   Foreign Forms		
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
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
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
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
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 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)	Yes	X No

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2017

6

### Part V | Supplemental Information

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.

REGARDING FUNDS GOING TO THE ETHIOPIA REGION, THE MATERNAL HELP HOPE FUND

(DBA HAMLIN FISTULA USA) IS IN REGULAR CONTACT WITH THE CEO OF HAMLIN

#### PART I, LINE 2:

FISTULA ETHIOPIA AND THE RECIPIENT OF THE FUNDS PROVIDED, TO DISCUSS THE MANAGEMENT AND OVERSIGHT OF THE ORGANIZATION. MATERNAL HELP HOPE FUND IS IN SIMILAR, REGULAR CONTACT WITH THE MEDICAL DIRECTOR OF THE ADDIS ABABA FISTULA HOSPITAL. MEMBERS OF THE BOARD OF DIRECTORS MAKE REGULAR TRIPS TO ETHIOPIA TO DISCUSS MANAGEMENT MATTERS WITH MEMBERS OF THE SENIOR MANAGEMENT TEAM IN ETHIOPIA. WE ANTICIPATE THAT THIS LEVEL OF BOARD INTERACTION WILL CONTINUE IN THE FUTURE. REGARDING FUNDS GOING TO THE UGANDA REGION, A PROJECT MANAGER HAS BEEN ENGAGED TO OVERSEE THE PROJECT. THE PROJECT MANAGER REPORTS TO THE CHAIRMAN OF THE INTERNATIONAL FISTULA ALLIANCE (IFA), WHO IS ALSO THE CURRENT BOARD PRESIDENT OF MATERNAL HELP HOPE FUND. THE PROJECT MANAGER ISSUES A FORMAL QUARTERLY REPORT. ALL PAYMENT REQUESTS ARE MADE AND APPROVED BY THE PROJECT MANAGER, AND COMPARED TO THE APPROVED BUDGET FOR THE PROJECT. PAYMENTS REQUESTS ARE THEY REVIEWED AND APPROVED BY THE IFA EXECUTIVE DIRECTOR, AND THEN MATERNAL HELP HOPE FUND IS INVOICED AND PAYMENT IS MADE FROM A PLEDGE MATERNAL HELP HOPE FUND MADE AS PART OF THE CONTRACT BETWEEN THE IFA AND THE TERREWODE (THE ASSOCIATION FOR REHABILITATION AND RE-ORIENTATION OF WOMEN FOR DEVELOPMENT) BOARD OF DIRECTORS.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: OVERSIGHT, TREATMENT, CARE,

AND PREVENTION OF CHILDBIRTH INJURIES IN ETHIOPIA. ALSO, PROJECT

Schedule F (Form 990) 2017

# Part V | Supplemental Information

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.

PLANNING, MANAGEMENT, AND CONSTRUCTION OF WOMEN'S COMMUNITY HOSPITAL IN
UGANDA.
PART II, COLUMN (D):
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: ETHIOPIA - GENERAL OPERATING EXPENSES AND PATIENT
CARE INCLUDING MIDWIFERY EDUCATION AT THE HAMLIN COLLEGE OF MIDWIVES,
OPERATING EXISTING MATERNAL HEALTH CLINICS IN RURAL ETHIOPIA, SUPPORT FOR
LIFE CHANGING FISTULA SURGERY, AND REHABILITATION AND SOCIAL
REINTEGRATION SERVICES.
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: ETHIOPIA - TO PAY COSTS INCURRED PROVIDING
OVERSIGHT AND PROGRAM MANAGEMENT OF HAMLIN FISTULA ETHIOPIA
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: UGANDA - CONSTRUCTION, PROJECT MANAGEMENT, AND
MEDICAL STAFF TRAINING FOR A DEDICATED WOMEN'S COMMUNITY HOSPITAL IN
UGANDA THAT FOCUSES ON TREATMENT OF OBSTETRIC FISTULA

### SCHEDULE O

Internal Revenue Service

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

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORTHY OF SUCH FUNDING.

MATERNAL HELP HOPE FUND

**Employer identification number** 27-4451603

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PELVIC ORGAN PROLAPSE) AND TO SUPPORT PROGRAMS OF RESEARCH, PROFESSIONAL TRAINING IN CLINICAL CARE, PATIENT ADVOCACY, AND PUBLIC EDUCATION TO FURTHER THESE ENDS, BY SUPPORTING THE WORK OF HAMLIN FISTULA ETHIOPIA AND OTHER RECIPIENTS WORTHY OF SUCH FUNDING. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORTING THE WORK OF HAMLIN FISTULA ETHIOPIA AND OTHER RECIPIENTS

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

MATERNAL HOPE HELP PROVIDES PROJECT MANAGEMENT, FINANCIAL RESOURCES, AND MEDICAL STAFF TRAINING FOR A DEDICATED WOMEN'S COMMUNITY HOSPITAL IN UGANDA THAT FOCUSES ON TREATMENT OF OBSTETRIC FISTULA VIA 30 BED TREATMENT AND 30 BED RECOVERY REHABILITATION WARDS.

FORM 990, PART VI, SECTION A, LINE 8B:

MATERNAL HELP HOPE DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

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

THE BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 TO REVIEW PRIOR TO SUBMISSION TO THE IRS.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

732211 09-07-17

Name of the organization **Employer identification number** MATERNAL HELP HOPE FUND 27-4451603 INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND DUALITIES OF INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS, OR TO THE MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS, CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. SUCH DISCLOSURE SHALL BE MADE WHEN A POTENTIAL CONFLICT OF INTEREST OR DUALITY OF INTEREST ARISES. FORM 990, PART VI, SECTION B, LINE 15A: A NATIONAL NON-PROFIT RECRUITMENT AGENCY WAS EMPLOYED TO ASSIST WITH THE EXECUTIVE DIRECTOR HIRING PROCESS. THEY MADE RECOMMENDATIONS TO THE BOARD AND PROVIDED GUIDELINES FOR COMPENSATION PACKAGES BASED ON QUALIFICATIONS, EXPERIENCE, EMPLOYMENT HISTORY, AND GEOGRAPHY. THE BOARD THEN DELIBERATED AND VOTED ON THE MATTER. THE EXECUTIVE DIRECTOR CATHY SANDERS WAS THE ONLY COMPENSATED EMPLOYEE OF THE ORAGNIZATION. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.