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Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change MATERNAL HELP HOPE FUND Name change 27-4451603 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 408-887-7355 47 DEVINE STREET termin-ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return SAN JOSE, CA 95110 H(a) Is this a group return Applica-F Name and address of principal officer: JOE KINAHAN for subordinates? ..... Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ WWW.HAMLINFISTULAUSA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2010 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: TO SUPPORT THE PREVENTION AND Activities & Governance TREATMENT OF CHILDBIRTH INJURIES (PARTICULARLY OBSTETRIC FISTULA AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 1,644,635. 772,620. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2,754. 4,334. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,648,969. 775,374. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 635,466 855,703. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 27,763. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 126,039 42,504. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 789,268. 898,207. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 859,701. -122,833. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,494,386. 1,380,613. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 494,386. 380,613. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign EXECUTIVE DIRECTOR JOE KINAHAN, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature KARYN A. NUNN KARYN A. NUNN 11/11/19 P00958489 Paid Firm's name MUELLER PROST, LC 43-1594752 Preparer Firm's EIN Firm's address 7733 FORSYTH BLVD., **SUITE 1200** Use Only Phone no. (314) 862-2070 ST. LOUIS, MO 63105 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	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.
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.
4a	(Code:) (Expenses \$ 325,461. including grants of \$ 299,438. ) (Revenue \$)
	MATERNAL HELP HOPE FUND PROVIDES SUPPORT, MAINLY IN SUB SAHARAN AFRICA,
	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 UROGYNECOLOGY. WE SUPPORT RESEARCH IN ORDER TO MEASURE PROGRESS AND
	TO IMPROVE TREATMENT AND PREVENTION OF CHILDBIRTH INJURIES. WE WORK
	WITH OTHERS TO IMPROVE FACILITIES AND HEALTHCARE ACCESS.
4b	(Code:) (Expenses \$ 556,265. including grants of \$ 556,265. ) (Revenue \$)
	MATERNAL HELP HOPE FUND PROVIDES FACILITIES, PROJECT MANAGEMENT,
	FINANCIAL RESOURCES, AND MEDICAL STAFF TRAINING FOR A DEDICATED WOMEN'S
	COMMUNITY HOSPITAL IN UGANDA THAT FOCUSES ON TREATMENT OF OBSTETRIC
	FISTULA WITH A CAPACITY TO SERVE 600 WOMEN PER YEAR. THIS HOSPITAL IS
	THE "TERREWODE COMMUNITY HOSPITAL" (TWCH) IN SOROTI, UGANDA
	(WWW.TERREWODE.COM).
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 881,726.
<u>4e</u>	Total program service expenses ► 881,726.  Form <b>990</b> (2018)
	10111336 (2016)

## 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		X
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		- 25
Б	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	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
40-	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 Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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 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	140	- 25	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>v</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>  ^``</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		

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

			V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
24	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ь	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		- T	
Pai	Note. All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			"
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

832004 12-31-18

# Form 990 (2018) MATERNAL HELP HOPE FUND Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country: ►								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ua							
b	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	- CD							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_							
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	_							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
C	Enter the amount of reserves on hand	4.6		Х					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х					
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	19		22					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
.5	If "Yes," complete Form 4720, Schedule O.			_ <b>_</b>					
	ee, eemplete . am mee, contours of	Eorm	990	(2019)					

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							
	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		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5								
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses 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		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,,				
	taxable entity during the year?	16a		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						
Sec	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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	) availa	able				
	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 - 408-887-7355  47 DEVINE STREET, SAN JOSE, CA 95110							
	47 DEVINE STREET, 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.

Name and Title  Average hours per week (list any by length or related organizations should be related to the compensation of the compensation of the compensation of the compensation of the compensation (W.2/1099-MISC)  (1) DR. KAREN GOLD  5.00  X X X  0.0.0.0.0.0.0.  (2) DARINA BYENE  1.00  X X X  0.0.0.0.0.0.0.0.  (3) JOE KINMIAN  20.00  X X X  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Check this box if neither the organization (A)	(B)	T			C)	•		(D)	(E)	(F)
hours per week (list any hours for related organizations below line)  (1) DR. KAREN GOLD  VICE PRESIDENT  (2) DARINA BYRNE  (3) JOE KINAHAN  EXECUTIVE DIRECTOR  (4) STEVE SOCKOLOV  PRESIDENT  (5) KATIE BAGLEY  (Ist any hours for related organizations below line)  (N-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (Ompensation from the organizations (W-2/1099-MISC)  (W-2/1099-MI					Pos	itior					
week (list any hours for related organizations below line)  (1) DR. KAREN GOLD VICE PRESIDENT (2) DARINA BYRNE TREASURER (3) JOE KINAHAN EXECUTIVE DIRECTOR (4) STEVE SOCKOLOV PRESIDENT (5) KATIE BAGLEY (list any hours for related organizations below line)  (1) DR. KAREN GOLD (1) DR. KAREN GOLD (1) DR. KAREN GOLD (2) DARINA BYRNE (3) JOE KINAHAN (4) STEVE SOCKOLOV PRESIDENT (5) KATIE BAGLEY (1) DR. KAREN GOLD (1) DR. KAREN GOLD (1) DR. KAREN GOLD (2) DARINA BYRNE (3) JOE KINAHAN (4) STEVE SOCKOLOV (5) KATIE BAGLEY (1) DR. KAREN GOLD (1) DR. KAREN GOLD (1) DR. KAREN GOLD (2) DARINA BYRNE (3) JOE KINAHAN (4) STEVE SOCKOLOV (5) KATIE BAGLEY (7) DR. KAREN GOLD (8) DR. KAREN GOLD (8) DR. KAREN GOLD (9) DR. KAREN GOLD (1) DR. KAREN GOLD (2) DARINA BYRNE (3) JOE KINAHAN (4) STEVE SOCKOLOV (4) STEVE SOCKOLOV (5) KATIE BAGLEY (7) DR. KAREN GOLD (8) DR. KAREN GOLD (9) DR. KAREN GOLD (9	Name and Title	_	(do	not o	heck	ck more than one					
(list any hours for related organizations below line)  (1) DR. KAREN GOLD VICE PRESIDENT  (2) DARINA BYRNE TREASURER  (3) JOE KINAHAN EXECUTIVE DIRECTOR  (4) STEVE SOCKOLOV PRESIDENT  (5) KATIE BAGLEY  (8) DARINA BYRNE  (1) DR. KAREN GOLD  (8) DARINA BYRNE  (9) DARINA BYRNE  (1) DR. KAREN GOLD  (2) DARINA BYRNE  (3) JOE KINAHAN  (4) STEVE SOCKOLOV PRESIDENT  (5) KATIE BAGLEY  (8) DARINA BYRNE  (8) DARINA BYRNE  (9) DARINA BYRNE  (1) DR. KAREN GOLD  (1) DR. KAREN GOLD  (1) DR. KAREN GOLD  (2) DARINA BYRNE  (3) JOE KINAHAN  (4) STEVE SOCKOLOV  (5) KATIE BAGLEY  (6) KATIE BAGLEY  (7) DR. KAREN GOLD  (8) DR. KAREN GOLD  (9) DR. KAREN GOLD  (1			offi	cer ar	nd a d	lirecto	or/trus	tee)			
(1) DR. KAREN GOLD       5.00         VICE PRESIDENT       X       X         (2) DARINA BYRNE       1.00         TREASURER       X       X         (3) JOE KINAHAN       20.00         EXECUTIVE DIRECTOR       X       X         (4) STEVE SOCKOLOV       10.00         PRESIDENT       X       X         (5) KATIE BAGLEY       5.00		<b>I</b>	ctor								
(1) DR. KAREN GOLD       5.00         VICE PRESIDENT       X       X         (2) DARINA BYRNE       1.00         TREASURER       X       X         (3) JOE KINAHAN       20.00         EXECUTIVE DIRECTOR       X       X         (4) STEVE SOCKOLOV       10.00         PRESIDENT       X       X         (5) KATIE BAGLEY       5.00		hours for	r dire				ted			(W-2/1099-MISC)	from the
(1) DR. KAREN GOLD       5.00         VICE PRESIDENT       X       X         (2) DARINA BYRNE       1.00         TREASURER       X       X         (3) JOE KINAHAN       20.00         EXECUTIVE DIRECTOR       X       X         (4) STEVE SOCKOLOV       10.00         PRESIDENT       X       X         (5) KATIE BAGLEY       5.00			stee o	ustee		l	eusa		(W-2/1099-MISC)		
(1) DR. KAREN GOLD       5.00         VICE PRESIDENT       X       X         (2) DARINA BYRNE       1.00         TREASURER       X       X         (3) JOE KINAHAN       20.00         EXECUTIVE DIRECTOR       X       X         (4) STEVE SOCKOLOV       10.00         PRESIDENT       X       X         (5) KATIE BAGLEY       5.00			altru	onal ti		loyee	comp				
(1) DR. KAREN GOLD       5.00         VICE PRESIDENT       X       X         (2) DARINA BYRNE       1.00         TREASURER       X       X         (3) JOE KINAHAN       20.00         EXECUTIVE DIRECTOR       X       X         (4) STEVE SOCKOLOV       10.00         PRESIDENT       X       X         (5) KATIE BAGLEY       5.00		<b>I</b>	lividu	stitutio	icer	y emp	jhest ploye	rmer			organizations
VICE PRESIDENT         X         X         X         X         X         0.         0.         0.           (2) DARINA BYRNE         1.00         X         X         0.         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.           (3) JOE KINAHAN         20.00         X         X         0.         0.         0.           EXECUTIVE DIRECTOR         X         X         X         0.         0.         0.           (4) STEVE SOCKOLOV         10.00         X         X         0.         0.         0.           PRESIDENT         X         X         X         0.         0.         0.           (5) KATIE BAGLEY         5.00         0.         0.         0.         0.         0.	(1) DD KARDW GOLD		Ĕ	Ë	ъ	₹ e	三三	요			
(2) DARINA BYRNE       1.00         TREASURER       X       X       0.0.0       0.0.0         (3) JOE KINAHAN       20.00       X       X       0.0.0       0.0.0         EXECUTIVE DIRECTOR       X       X       X       0.0.0       0.0.0         (4) STEVE SOCKOLOV       10.00       X       X       0.0.0       0.0.0         (5) KATIE BAGLEY       5.00       0.0.0       0.0.0       0.0.0		3.00	₩.						_	_	0
TREASURER         X         X         X         X         X         0.         0.         0.           (3) JOE KINAHAN         20.00         X         X         X         0.         0.         0.         0.           EXECUTIVE DIRECTOR         X         X         X         0.         0.         0.         0.           (4) STEVE SOCKOLOV         10.00         X         X         X         0.         0.         0.         0.           (5) KATIE BAGLEY         5.00         0.		1 00	_		^				0.	0.	0.
(3) JOE KINAHAN  EXECUTIVE DIRECTOR  (4) STEVE SOCKOLOV  PRESIDENT  (5) KATIE BAGLEY  20.00  X X X  0.  0.  0.  0.  0.  0.		1.00	١,,		,,						_
X   X   0. 0. 0.   (4) STEVE SOCKOLOV		20.00	X		X				0.	0.	0.
(4) STEVE SOCKOLOV       10.00         PRESIDENT       X       X         (5) KATIE BAGLEY       5.00		20.00	١		١						
PRESIDENT         X         X         X         0.         0.           (5) KATIE BAGLEY         5.00         0. </td <td></td> <td>1000</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>		1000	X		X				0.	0.	0.
(5) KATIE BAGLEY 5.00		10.00	ļ		l						
			X		Х				0.	0.	0.
SECRETARY X X 0. 0. 0. 0.		5.00									
	SECRETARY		X		X				0.	0.	0.
			1								
			t				t				
			1								
				T							
			1								

Paπ VIII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0	-			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		<b>)</b> than	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	า		nount (	of
	week (list any						.50)	from	from related			other	<b>.</b> !
	hours for	irecto						the organization	organizations (W-2/1099-MIS			pensatom the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113	<sup>()</sup>		anizati	
	organizations	truste	al trus		ee/	mper		(** 2, 1000 111100)			•	d relate	
	below	Individual trustee or director	Institutional trustee	<u></u>	key employee	est co oyee	er					anizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
										Ì			
		1											
		1											
		1											
		1											
		1											
		1											
		1											
1h Sub-total								0.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but n								• -	000 of roportable	-			•••
	ot ill litted to ti	1036	liste	ou ai	DOVE	c) wi	10 11	eceived more than proc	,000 or reportable	5			0
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director or tru	ıcto	o ko	w or	mnla		٥٢	highest compensated o	mplayaa an	Г			
				•	•	•		•			3		Х
line 1a? If "Yes," complete Schedule J for s										·····	3		
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	=		-						trie organization		4		Х
9									dual for convices		4		- 22
5 Did any person listed on line 1a receive or a	-				-			-			_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J i	or st	ucn	pers	SOII .					5		-22
	mnonostad !	do:-	- l- a	nt -	051	*0 C + -	·	that raceived many #	\$100,000 of a	2022	otic - 1		
1 Complete this table for your five highest co										pensa	auon 1	IOIII	
the organization. Report compensation for	u ie calendar y	ear	enal	ng v	vitn	or W	ıtriir		year.		10	•1	
<b>(A)</b> Name and business	address	NI	ONE	7				<b>(B)</b> Description of s	ervices	C	)) ompe	<b>,)</b> nsatior	า
- Trains and pasiness	444,000	11/	) I V I				$\dashv$	Decempation of a	10171000				•
							$\dashv$						
							$\dashv$						
							$\dashv$						
							$\dashv$						
							$\perp$						
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >					0						000	
											Form	<b>990</b> (2	2018)

Га	πv	/ 111	Check if Schedule O cont		onse	or note to any line	e in this Part VIII			
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1	а					
Gra			Membership dues		b					
ts,		С	Fundraising events		С					
ia ia		d	Related organizations	<u>1</u>	d					
ns,			Government grants (contribut	· · ⊢	е					
e ë		f	All other contributions, gifts, gran							
ξġ			similar amounts not included abo	ve <b>1</b>	f	772,620.				
o de		g	Noncash contributions included in lines	1a-1f: \$						
<u>Q #</u>		h	Total. Add lines 1a-1f				772,620.			
						Business Code				
ice /	2	а								
Ser ue		b								
Z S		C								
gra Re		d								
Program Service Revenue		e f	All other program service reve	nnuo.						
		'	Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)			, i	2,754.			2,754.
	4		Income from investment of ta				•			-
	5		Royalties	•		·				
			•	(i) Re		(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)			, <b></b>				
	7	а	Gross amount from sales of	(i) Secur	rities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)							
			Net gain or (loss)			▶				
nue	8	а	Gross income from fundraising \$	•	not					
Other Revenu			contributions reported on line							
<u>*</u>			Part IV, line 18		а					
Ĕ		b	Less: direct expenses							
O		С	Net income or (loss) from fund	draising ev	ents	<b></b>				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		es	····· •				
	10	а	Gross sales of inventory, less							
		_	and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sale		ory					
	11	_	Miscellaneous Revenu	е		Business Code				
	11	a b								
		C								
			All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				775,374.	0.	0.	2,754.

## Part IX | Statement of Functional Expenses

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

Do i	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	055 500			
	individuals. See Part IV, lines 15 and 16	855,703.	855,703.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	55.		55.	
С	Accounting	3,730.		3,730.	
d	, 9				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	10 122	14 060	450.	2 711
	column (A) amount, list line 11g expenses on Sch O.)	19,132. 3,549.	14,960.	450.	3,722 3,549
12	Advertising and promotion	3,549.	147.		3,349
13	Office expenses	14/•	14/•		
14	Information technology				
15	Royalties				
16	Occupancy	8,971.	7,606.	1,365.	
17	Travel	0,3/1.	7,000.	1,303.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	978.		978.	
23	Insurance Other expenses. Itemize expenses not covered	7700		770.	
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  BOOKS & MATERIALS	3,310.	3,310.		
a b	COMPUTER SUPPLIES & SER	1,753.	3,310.	1,753.	
C	SUPPLIES & MATERIALS	449.		175.	274
c d	BANK SERVICE CHARGES	248.		248.	2/1
		182.		182.	
е 25	All other expenses   Total functional expenses. Add lines 1 through 24e	898,207.	881,726.	8,936.	7,545
25 26	Joint costs. Complete this line only if the organization	0,00,2014	001,7200	0,550.	,,,,,,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	in following GOT 30-2 (MGC 300-120)				Earm <b>990</b> (201

		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			X
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,108,635.	1	168,260.
	2	Savings and temporary cash investments	385,751.	2	1,212,353.
	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			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other		9	
	ioa	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Intangible assets  Other assets See Part IV line 11		15	
	16	Other assets. See Part IV, line 11	1,494,386.	16	1,380,613
	17	Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses	1,151,500.	17	1,300,013
	18			18	
	19	Grants payable		19	
	20	Deferred revenue		20	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,		21	
	22	key employees, highest compensated employees, and disqualified persons.			
Liabilities				22	
<u> </u>	00	Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third		24	
	25				
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0 .
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	<u> </u>	20	
<u>ر</u>		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	731,371.	27	1,068,244
ä	28	Temporarily restricted net assets	763,015.	28	312,369
ğ	29		,.	29	322,332
<u> </u>	25	Organizations that do not follow SFAS 117 (ASC 958), check here		20	
<u> </u>		and complete lines 30 through 34.			
13 (	30	Capital stock or trust principal, or current funds		30	
ا يو	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ו מי	91				
r ASS	32	Retained earnings, endowment, accumulated income, or other funds		ו כיצי ו	
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	1,494,386.	32 33	1,380,613.

Form 990 (2018) MATERNAL HELP HOPE FUND	27	<u>-4451603</u>	Pag	ge <b>12</b>
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				X
1 Total revenue (must equal Part VIII, column (A), line 12)			5,3	
Total expenses (must equal Part IX, column (A), line 25)			8,2	
3 Revenue less expenses. Subtract line 2 from line 1			2,8	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	· · · · · · · · · · · · · · · · · · ·	1,49		
5 Net unrealized gains (losses) on investments		_	1,1	<u>52.</u>
6 Donated services and use of facilities				
7 Investment expenses				
8 Prior period adjustments			^ ^	10
9 Other changes in net assets or fund balances (explain in Schedule O)		1	0,2	12.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, lin	ne 33,	1		4.0
column (B))	10	1,38	0,6	<u> 13.</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," e.	•			37
2a Were the organization's financial statements compiled or reviewed by an independent account				X
If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled or reviewed on a			
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separa				37
<b>b</b> Were the organization's financial statements audited by an independent accountant?				X
If "Yes," check a box below to indicate whether the financial statements for the year were au	dited on a separate bas	is,		
consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separa				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	-	· I		
review, or compilation of its financial statements and selection of an independent accountant				
If the organization changed either its oversight process or selection process during the tax ye	· · · · · ·			
3a As a result of a federal award, was the organization required to undergo an audit or audits as	set forth in the Single A			7.7
Act and OMB Circular A-133?		3a		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not	-			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

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,

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

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

# 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	652,656.	609,110.	586,362.	1,644,635.	772,620.	4,265,383.
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	650 656	600 110	506 060			
4	Total. Add lines 1 through 3	652,656.	609,110.	586,362.	1,644,635.	772,620.	4,265,383.
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)						2,768,103.
6	Public support. Subtract line 5 from line 4.						1,497,280.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014 652,656.	(b) 2015 609,110.	(c) 2016 586, 362.	(d) 2017	(e) 2018 772,620.	(f) Total
	Amounts from line 4	032,030.	009,110.	300,302.	1,644,635.	112,020.	4,265,383.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			200.	345.	2,754.	3,299.
_	and income from similar sources			200.	343.	2,734.	3,233.
9	Net income from unrelated business						
	activities, whether or not the						
10	Other income. Do not include gain						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,268,682.
12	Gross receipts from related activities,	etc (see instruction	one)			12	1,200,002.
13	First five years. If the Form 990 is for			d fourth or fifth ta			
.0	organization, check this box and <b>stor</b>	- h	, ,	,	•	11 30 1(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2018 (			column (f))		14	35.08 %
15	Public support percentage from 2017					15	34.08 %
	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies	•		,		,	$\triangleright$ X
b	33 1/3% support test - 2017. If the o						is box
	and <b>stop here.</b> The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"				•	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				<b>&gt;</b>
18	Private foundation. If the organization						s ▶□

Schedule A (Form 990 or 990-EZ) 2018

## 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	ciow, picade com	piete i uit ii.)				
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	<u> </u>	` ,	, ,	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5			-		1	
/ 8	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6  a 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						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_	check this box and <b>stop here</b>						<b>&gt;</b>
	ction C. Computation of Publ						
15	Public support percentage for 2018 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves						
17						17	%
18	1 3					18	%
19	a 33 1/3% support tests - 2018. If the						17 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
ł	o 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organizatio						

## 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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	1		
	2		
	3a		
ı	Ja		
-	3b		
	3с		
ı			
	4a		
	4b		
	4c		
ı	10		
	5a		
-	5b		
-	5c		
	•		
-	6		
-	7		
	8		
ı			
-	9a		
	9b		
j			
-	9с		
	10a		
	10b		

Pai	t 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		
	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	2		
<u>Sac</u>	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions	:)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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	<b>1</b> b		
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	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in 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	mpt purposes		
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 organization	s	
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A lines 1 2 3h 25 4h 45 5a 6 9 0h 0c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	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.)
	(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

2018

Name of the organization Employer identification number

MATERNAL HELP HOPE FUND 27-4451603 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

## MATERNAL HELP HOPE FUND

27-4451603

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$530,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 89,973.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## MATERNAL HELP HOPE FUND

27-4451603

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08		\$	990 990-F7 or 990-PF) (2

Name of organization **Employer identification number** 27-4451603 MATERNAL HELP HOPE FUND Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## 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.

2018
Open to Public Inspection

Name of the organization

Employer identification number

4Α'	rernal help h	OPE FUND				27-445160	3
				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its grather the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	ide the
3		he following Part	I. line 3 table ca	an be duplicated if additional space is i	needed.)		
	(a) Region			(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activise a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
					CHILDBIRTH	REVENTION OF INJURIES IN	
UB-	-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ETHIOPIA.	ALSO, PROJECT	881,726.
3 a	Subtotal	0	0				881,726.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				881,726.

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, 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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	
		SUB-SAHARAN	ETHIOPIA - GENERAL				<u> </u>
			OPERATING EXPENSES				
			AND PATIENT CARE				
			INCLUDING MIDWIFERY	299,438.	WIRED		N/A
		i	UGANDA -	233,130.	WIKED .	,	11/11
			CONSTRUCTION, PROJECT				
			MANAGEMENT, AND				
			MEDICAL STAFF	556,265.	משסבט	_	N/A
		DORKINA PASO,	MEDICAL STAFF	330,203.	WIRED	· ·	N/A
							<u> </u>
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country,	recognized as tax-e	xempt	
by the IRS, or for which	ch the grantee or cou	ınsel has provided a sec	tion 501(c)(3) equivalency lette	er		<b>&gt;</b>	
_						_	

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed.

(c) Number of (d) Amount of (e) Manner of (f) Amount of (g) E

Part III can be duplicated if additional space is needed.									
(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) D nonca			

Page 4

# Part 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
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

## 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.

#### PART I, LINE 2:

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

IS IN REGULAR CONTACT WITH THE CEO OF HAMLIN 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

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 THEN 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

-	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
į	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.

(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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(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. IN 2018, FUNDING WAS PROVIDED SPECIFICALLY FOR
TWO NEW TOYOTA LANDCRUISERS AS WELL.
REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(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

OMB No. 1545-0047

Inspection

Name of the organization

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.

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 RECEIVES 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,

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 C, LINE 18:

THE ORGANIZATION'S FORM 990 AND FORM 1023 ARE AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization  MATERNAL HELP HOPE FUND	Employer identification number 27-4451603			
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST			
POLICY, AND ANNUAL FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON			
REQUEST.				
FORM 990 PART X LINE 28				
NET ASSETS WITH DONOR RESTRICTIONS:				
PURPOSE RESTRICTIONS:				
RESTRICTED TO FUNDING OF TERREWODE WOMEN'S COMMUNITY HOSP	PITAL \$206,750			
RESTRICTED TO TREATMENT & PREVENTION IN ETHIOPIA \$105,619				
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:				
TO CORRECT MISSTATEMENT OF PLEDGED RECEIVABLES FROM PRIOR	<u> </u>			
YEARS.	10,212.			