Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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 Inspection

A F	or the 2	2018 calendar year, or tax year beginning JU	TL 1, 2018 and e	ending Ju	JN 30, 201	.9	
B c	heck if oplicable:	C Name of organization			D Employe	er identifica	tion number
Х	Address	MANY HOPES, INC.					
<u> </u>	_change Name change	Doing business as				39-206	7502
\vdash	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephoi		
	Final	85 PARKWAY ROAD	′	2	L releption	508-388-	-7788
	⊒return/ termin- ated	City or town, state or province, country, and			G Gross recei		1,575,156.
	Amended		Eli el leleigh postal ocae		H(a) Is this		
	Applica-	F Name and address of principal officer:				ordinates?	
_	pending	SAME AS C ABOVE			1		ıded? Yes No
TI	ax-exem	npt status: X 501(c)(3) 501(c) ()	◀ (insert no.)	r 527	1 ` ´		st. (see instructions)
		► WWW.MANYHOPES.ORG	- τ (ουτοι)	<u> </u>	H(c) Group		
			sociation Other >	L Year			State of legal domicile: MA
		Summary				1	
	1 Bı	iefly describe the organization's mission or most	significant activities: THE ORG	ANIZATIO	N HOUSES,		
Governance		DUCATES, AND ADVOCATES FOR ABANDONED					
nar	2 CI	neck this box 🕨 🔲 if the organization discor	ntinued its operations or dispose	ed of more	than 25% of	its net asset	:s.
Ve		umber of voting members of the governing body				1 1	7
		umber of independent voting members of the gov					7
<u>ფ</u>		otal number of individuals employed in calendar y					5
ijĘ		otal number of volunteers (estimate if necessary)				100	
Activities &		otal unrelated business revenue from Part VIII, col					0.
⋖		et unrelated business taxable income from Form					0.
					Prior Ye		Current Year
Revenue	8 C	ontributions and grants (Part VIII, line 1h)			1,2	51,125.	1,047,546.
						0.	0.
eve	10 In	vestment income (Part VIII, column (A), lines 3, 4,				11,237.	10,561.
ĕ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c,			2	66,993.	321,319.
		otal revenue - add lines 8 through 11 (must equal			1,5	29,355.	1,379,426.
		rants and similar amounts paid (Part IX, column (1,131,119.		911,212.
		enefits paid to or for members (Part IX, column (A				0.	0.
S		alaries, other compensation, employee benefits (F			2	09,134.	85,558.
Expenses		ofessional fundraising fees (Part IX, column (A), li				0.	0.
<u>e</u>		otal fundraising expenses (Part IX, column (D), line					
ŭ		ther expenses (Part IX, column (A), lines 11a-11d,	'		1	52,484.	159,678.
		otal expenses. Add lines 13-17 (must equal Part I)			1,4	92,737.	1,156,448.
		evenue less expenses. Subtract line 18 from line				36,618.	222,978.
or Sec				Be	ginning of Cur	rent Year	End of Year
sets	20 To	otal assets (Part X, line 16)			1,1	27,931.	1,255,043.
Net Assets	21 To	otal liabilities (Part X, line 26)			1	30,984.	1,637.
Fee	22 N	et assets or fund balances. Subtract line 21 from	line 20		9	96,947.	1,253,406.
Pa	rt II	Signature Block					
Und	er penalti	es of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	nts, and to the	best of my k	nowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than office	r) is based on all information of whi	ch preparer	has any knowl	edge.	
Sign	ر ر ا	Signature of officer			Date	9	
Her	e 1	KATHY TUNSLEY, TREASURER					
		Type or print name and title					_1
		rint/Type preparer's name	Preparer's signature		Date	Check] PTIN
Paid	—	AMES WATERMAN, CPA		0 9	9/29/20	self-employed	P00291512
Prep	_	irm's name KOKINOS WATERMAN PC			Firm	n's EIN 📐	82-1154822
Use	Only F	irm's address ▶ 220 BROADWAY, SUITE 101					
		LYNNFIELD, MA 01940-2352			Pho	ne no.781-5	
May	the IRS	discuss this return with the preparer shown above	/e? (see instructions)				X Yes No

Form	990 (2018) MANY HOPI				39-2067502	Page 2
Pa	rt III Statement of Program S	Service Accompli	shments			
	Check if Schedule O contains a	response or note to a	ny line in this Part III			
1	Briefly describe the organization's mis	ssion:				
	ABANDONED CHILDREN IN KENYA.					
	Did the constraint and details and a	···		de como esta ll'attent annulla e		
2	Did the organization undertake any signior Form 990 or 990-EZ?			ch were not listed on the	Y	es X No
	If "Yes," describe these new services	on Schedule O.				
3	Did the organization cease conducting	g, or make significant o	changes in how it conduc	cts, any program services?	Ye	es 🗓 No
	If "Yes," describe these changes on S					
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organization					
	revenue, if any, for each program serv		report the amount of gre	ants and anocations to other	s, the total expenses,	and
4a	(Code:) (Expenses \$		ocluding grants of \$	911,212.) (Reven	1.3	379 426.)
-14	THE ORGANIZATION WAS FOUNDED			-	uc	
	ABANDONED CHILDREN IN KENYA.	GRANTS THIS YE	AR WERE USED FOR B	UILDING		
	AND OPERATING A SCHOOL WITH	CAPACITY FOR 900	CHILDREN. SUSTAIN	ING A		
	HOME FOR 55 GIRLS NEAR MOMBA	SA (PROVIDING FO	OD, SHELTER AND ED	UCATIONAL		
	COSTS FOR THE MUDZINI KWETU		•			
4b	(Code:) (Expenses \$	ir	ncluding grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$	ir	ncluding grants of \$) (Reven	ue\$)
4d	Other program services (Describe in S	Schedule O.)				
	(Expenses \$	including grants of \$	16. 848) (Revenue \$)	
4e	Total program service expenses	94	16,717.			

39-2067502 Page **3**

Form 990 (2018) MANY HOPES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	٠. ا		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' '''		\vdash
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		\vdash
b	,	12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	·a		\vdash
	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			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
		_	ΩΩΩ	

Form 990 (2018) MANY HOPES, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	-		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>02</u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990		39-2067502	Pa	age 🕏
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Vas	Nο

28 Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, fleed for the calendary year ending with or within the year covered by this return 19 If I search on is reported on line 2a, did the organization file all required feederal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file deen instructions) 30 Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 31 If Yes, "the sit filed a Form 990-T for this year? If "No" to file 3b, provide an explanation in Schedule O 32 Did 14 A lary 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. See the transmitted in the foreign country. See Was the organization have from 90-T for this year? If "No" to file 3b, provide an explanation in Schedule O 33 Did 14 A lary 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. See Was the organization and the foreign country. See Was the organization have foreign country. See Was the organization for foreign Bank and Financial Accounts (FBAR). 5a Was the organization and provide an explanation of the year of the foreign bank and Financial Accounts (FBAR). 5b If Was to did any taxable party notify the organization that the was or a party to a prohibited tax shelter transaction? 5b If Was, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell are accountable to the foreign 888-17. 5c If Was, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell are accountable of the was contributions? 5c If Was, "did the organization have account the weep solicitation understant that such contributions or gitts were not tax deductibles an charable contributions? 6c If Was,				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30	2 a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions) 3a. Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a. Did the organization have urrelated business gross income of \$1,000 or more during the year? 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 or then financial account?) 4b. If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. Did any taxable party notify the organization file Form 888617? 6c. If "Yes" to line 5a or 5b, did the organization file Form 888617? 6d. Does the organization have aimusit gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductibles a charitable contributions or gitts were not tax deductibles a charitable contribution and party for goods and services provided to the payor? 7b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductibles a charitable contribution and party for goods and services provided to the payor? 7c. If yes," indicate the number of Forms 8282 filed during the year 7c. If yes, "indicate the payor the payor than the year payor permiture, directly, to pay premiture and aprily for goods and services provided to the payor to the form 8282? 8c. If yes, "indicate the number of Forms 8282 filed during the year 9c. Did the organization received a contribution of cars, boats, ariplenes, or other wholes, did		filed for the calendar year ending with or within the year covered by this return			
3a bit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "ves," inst filled a Form 990 Tor this year? if "No" to fine 96, provide an explanation in Schedule O 4c 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 accountry? 5c if "ves" is line for the name of the foreign country. 5c was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c was the organization aparty to a prohibited tax shelter transaction? 5c if "ves" is line Sar of 5b, did the organization file Form 888F7? 5c ob oas 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? 5c observe the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c organizations that may receive deductible contributions under section 170c). 8d if "ves," indicate the number of Forms 8287 fixed during the year 6c organizations that may receive deductible contributions under section 170c). 8d if "ves," indicate the number of Forms 8282 fixed during the year 6c organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8d if "ves," indicate the number of Forms 8282 fixed during the year 6c organization receive a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7d organization received a contribution of qualified intellectual property, did the organization file Form 8280 as required? 7d organization received a contribution of qualified intellectual property, did the organization file Form 8280 as required? 7d organization received and con	b		2b	Х	
b If "Yes," has it flield a Form 990-T for this year? # Not 'to line 3b, provide an explanation in Schedule O 4 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 accounts (FBAF). 5 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5 If "Yes," enter the name of the foreign country. 5 Dee instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Di If "Yes," to line 5a or 5b, did the organization file Form 8886-17? 6 Does the organization thave 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. 5 Di If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Di If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Di If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefic contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefic contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefic contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefic contract		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendary 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)? b if "Yes," either the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization the organization 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 from 888617. b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170c). a bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170c). a bid the organization nettly and contribution of the value of the goods or services provided? 7 If "Yes," inclinate the number of Forms 8882 filed during the year 10 If "Yes," inclinate the number of Forms 8882 filed during the year 11 Did the organization neceived an contribution of qualified intellectual property, did the organization file Form 8999 as required? 12 If the organization received an contribution of qualified intellectual property, did the organization file Form 1999 as required? 12 If the organization received an contribution of qualified intellectual property, did the organization file Form 1999 as required? 13 Section 501(c)(7) organizations Enter: 14 Organization received a contribution of			3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 51 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 52 Did have the organization that it was or is a party to a prohibited tax shelter transaction? 53 Does the organization 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? 54 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 56 If "Yes," did the organization receive a parment in excess of 157 fisands party as a contribution and party for goods and services provided to the payor? 56 Did the organization receive a parment in excess of 157 fisands party as a contribution and party for goods and services provided to the payor? 57 Organization shart may receive deductible contributions under section 170c. 58 Did the organization received a contribution of organization freelve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 58 Did the organization received a contribution of qualified intellectual property, did the organization freelve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 59 Sponsoring organizations exceeds party funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 If the organization received a contribution of qualified intellectual property, did the organization received and contribution of qualified	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b 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 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10	,, · · · · · · · · · · · · · · · · ·			
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16					
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16		excess parachute payment(s) during the year?	15		Х
,					
If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		If "Yes," complete Form 4720, Schedule O.		000	

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 Section 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$, MA, CA, DC 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) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KATHY TUNSLEY - 508-388-7788

02536-5642

67 TROTTING PARK ROAD, EAST FALMOUTH, MA

Form 990 (2018) MANY HOPES, INC. 39-2067502 Page **7**

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Positi do not check ma				ne	Reportable	Reportable	Estimated
	hours per week					s both		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MAXINE FRIEDMAN	4.00	=	-	0		Ξ 0	4			
PRESIDENT	1.00	x						0.	0.	0.
(2) KATHY TUNSLEY	7.00									
TREASURER		х						0.	0.	0.
(3) SUE VERITY	4.00									
CLERK		х						0.	0.	0.
(4) PATRICK MURPHY	4.00									
DIRECTOR		х						0.	0.	0.
(5) TRACY WEMETT	4.00									
DIRECTOR		х						0.	0.	0
(6) THOMAS KEOWN	40.00									
FOUNDER		Х						0.	0.	0.
(7) DANIEL GRANT	4.00									
DIRECTOR		Х						0.	0.	0.
(8) JOSEPH MCKNIGHT	4.00									
DIRECTOR		Х						0.	0.	0.
(9) JENNIFER HOPCROFT	40.00									
DIR OF OP & DEV				Х				75,000.	0.	0
		-								
	-	-								
		+								

Form 990 (2018) MANY HOPES, 3									39-20	6750	2	P	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(do box	not c	Posi heck i	ition more son i		one n an	(D) Reportable compensation	(E) Reportable compensation	n		(F) stimate	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer B	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	other compensa from the organizar and relar organizat		e ion ed
1b Sub-total								75,000.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							75,000.		0.			0.
2 Total number of individuals (including but n compensation from the organization ▶							o re	eceived more than \$100,	000 of reportable	' e			0
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			Yes	No
line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
Complete this table for your five highest contact the organization. Report compensation for the organization for the organization.	•	•								pensat	tion fro	om	
(A) Name and business	address	NO	NE					(B) Description of s	services	С	ompe) nsatio	n
2 Total number of independent contractors (in	acluding but a	ot lin	niter	1 to 1	thos	all a	ted	ahove) who received me	ore than				
\$100,000 of compensation from the organiz	•	J. 1111	into(ا ۱۰	(0	u	above, who received like	oro urarr			000	

Form 990 (2018) MANY HOPES
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues	1b					
Y,G	(Fundraising events	1c					
ar it	(Related organizations	1d					
s, C	6	Government grants (contribution	ons) 1e					
ion	f	All other contributions, gifts, grant	ts, and					
but		similar amounts not included abov	/e 1f	1,047,546.				
d H	ç	Noncash contributions included in lines 1	la-1f: \$	14,305.				
a C	ŀ	Total. Add lines 1a-1f			1,047,546.			
				Business Code				
e	2 8	1						
e Ķ	k	·						
am Ser	(÷						
am	•	d						
Program Service Revenue	•	•						
<u>P</u>	f	All other program service rever	nue					
	9	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ ↓	10,561.	10,561.		
	4	Income from investment of tax	exempt bond p	roceeds 🕨				
	5	Royalties		······ •				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	k	Less: rental expenses						
	•	Rental income or (loss)						
	•	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	Less: cost or other basis						
		and sales expenses						
	•	Gain or (loss)						
	•	Net gain or (loss)		·····•				
une	8 8	 Gross income from fundraising including \$ 						
eve		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а	517,049.				
the l	k	Less: direct expenses	b	195,730.				
٥	(Net income or (loss) from fund	raising events		321,319.			321,319.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	k	Less: direct expenses	b					
	(Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less i	returns					
		and allowances	а					
	k	Less: cost of goods sold	b					
	(Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	Э	Business Code				
	11 a	ı						
	k							
	(
	(
	•	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		>	1,379,426.	10,561.	0.	321,319.

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).

00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		hi- D-+ IV	iproto ociariii (i y.	
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	ı otal 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				
	individuals. See Part IV, lines 15 and 16	911,212.	911,212.		
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	79,076.		39,538.	39,538.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,482.		3,241.	3,241.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,000.		6,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	28,860.		12,227.	16,633.
12	Advertising and promotion	4,287.			4,287.
13	Office expenses	106,981.	26,538.	42,904.	37,539.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	13,056.	8,967.	1,169.	2,920.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	494.		494.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	anisang not mile 2 to expenses on conteaute o.)				
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,156,448.	946,717.	105,573.	104,158.
26	Joint costs. Complete this line only if the organization	, ,	,	, 1	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			I		E 000 (2212)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	56,195.	1	130,018.
	2	Savings and temporary cash investments	779,743.	2	378,714.
	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			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,414.	9	1,440.
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b	204 102	10c	744 071
	11	Investments - publicly traded securities	284,192.	11	744,871.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	6,387.	14	0.
	15	Other assets. See Part IV, line 11	1,127,931.	15	1,255,043.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	130,984.	16	1,233,043.
	17	Accounts payable and accrued expenses	130,301.	17 18	1,037.
	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,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iii		Complete Part II of Schedule L		22	
E.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	130,984.	26	1,637.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
S		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	996,947.	27	1,253,406.
ala	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
٥		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let,	32	Retained earnings, endowment, accumulated income, or other funds	006 045	32	1 252 426
~	33	Total net assets or fund balances	996,947.	33	1,253,406.
	34	Total liabilities and net assets/fund balances	1,127,931.	34	1,255,043.

Form **990** (2018)

Form 990 (2018) MANY HOPES, INC. 39-2067502 Page 12

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,379,	426.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		448.
3	Revenue less expenses. Subtract line 2 from line 1	3		222,	978.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		996,	947.
5	Net unrealized gains (losses) on investments	5		33,	481.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,253,	406.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	ŕ	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	• • • • • • • • • • • • • • • • • • • •		Form	990	(2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** MANY HOPES INC. 39-2067502 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	1,033,490.	1,294,965.	1,271,429.	1,277,324.	1,147,421.	6,024,629.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	1,033,490.	1,294,965.	1,271,429.	1,277,324.	1,147,421.	6,024,629.					
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)											
6	Public support. Subtract line 5 from line 4.						6,024,629.					
	tion B. Total Support		•									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total					
7	Amounts from line 4	1,033,490.	1,294,965.	1,271,429.	1,277,324.	1,147,421.	6,024,629.					
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	9,377.	9,732.	11,536.	11,237.	10,561.	52,443.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						6,077,072.					
12	Gross receipts from related activities,	etc. (see instruction	ns)			12						
13		•	,	. fourth, or fifth tax	k vear as a section	501(c)(3)						
	organization, check this box and stor				-							
Sec	ction C. Computation of Publi						·					
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, co	lumn (f))		14	99.14 %					
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	99.23 %					
16a	33 1/3% support test - 2018. If the					ore, check this box	and					
	stop here. The organization qualifies	as a publicly suppo	orted organization				X					
b	33 1/3% support test - 2017. If the	organization did no	t check a box on lir									
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion								
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not cl									
	and if the organization meets the "fac	ts-and-circumstand	es" test, check this	s box and stop h	ere. Explain in Pai	t VI how the organi	zation					
	meets the "facts-and-circumstances"				· ·	-						
b	10% -facts-and-circumstances test											
	more, and if the organization meets the	-										
	organization meets the "facts-and-circ				-		>					
<u>1</u> 8	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b.	, check this box ar	nd see instructions						

Page 3

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

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

Se	ction A. Public Support		,							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
78	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
k	Amounts included on lines 2 and 3 received from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year									
•	Add lines 7a and 7b									
	Public support. (Subtract line 7c from line 6.)									
	ction B. Total Support		T	T	1	T	Т			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 6									
10a	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
k	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b									
• • • • • • • • • • • • • • • • • • • •	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is									
10	regularly carried on Other income. Do not include gain									
12	or loss from the sale of capital									
40	assets (Explain in Part VI.)									
	Total support. (Add lines 9, 10c, 11, and 12.)		Cont			- 504(-)(0)				
14	First five years. If the Form 990 is for	•			•	. , . , .				
Se	check this box and stop here ction C. Computation of Publi						P			
	Public support percentage for 2018 (I			column (f))		15	%			
	Public support percentage from 2017					16	<u>%</u>			
	ction D. Computation of Inves	·				10	70			
	Investment income percentage for 20			ne 13 column (f))		17	%			
18	Investment income percentage from					18	/ 6			
	a 33 1/3% support tests - 2018. If the									
							. —			
ŀ	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
•	line 18 is not more than 33 1/3%, che	· ·				·				
20	Private foundation. If the organization									

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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")? |f "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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3c		
_		
4a		
4b		
70		
4c		
_		
<u>5a</u>		
5b		
5c		
30		
6		
_		
7		
8		
9a		
9b		
9c		
40-		
10a		
10b		
100		

Page 5

Par	t IV Supporting Organizations _(continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
	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		
Sect	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		
	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. tion C. Type II Supporting Organizations	2		
Ject	tion of Type it Supporting Organizations		Vaa	Na
4	Wars a majority of the argenization's directors or trustees during the tax year also a majority of the directors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s). 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		100	110
	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		
	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		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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.	3a		
	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.	3b		

	Type III Non-Functionally Integrated 509(a)(3) Supporting	10 Orac=	izations	33 2007302 Page 6
	Type in the contraction of the c			D+1/11)
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	(D) O
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	ally integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t			
	(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			
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	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			
<u>a</u>	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: \$			
a	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 Part VI. 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			
b	Excess from 2015			
с	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 MANY HOPES, INC.	39-2067502	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	ı C,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

MANY HOPES, INC. 39 - 2067502

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
D :			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year -		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con-	servation easements during the year
7	Amount of aurorania in annual in annual to annual in ann		dia a cara a cara a di mina della consu
7	Amount of expenses incurred in monitoring, inspecting, handling the control of th	ng of violations, and enforcing conserva	tion easements during the year
0	▶ \$ Does each conservation easement reported on line 2(d) above	patiefy the requirements of postion 170	(h)(4)(D)(i)
8		·	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	on s illianciai statements that describes	the organization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	**	
	relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116		
а	Revenue included on Form 990, Part VIII, line 1	·	> \$
h	Assets included in Form 900 Part V		

Sche	dule D (Form 990) 2018 MANY HOPES,	INC.					3	39-2061	7502	P	age 2
	rt III Organizations Maintaining Co		t, Histo	orical Tre	asures, or	Other	Similar A	Assets	(conti	nued)	age –
3	Using the organization's acquisition, accession								,		
	(check all that apply):	,	,	,	3	3					
а	Public exhibition	d		Loan or exc	hange progra	ıms					
b	Scholarly research	е			3 1 3						
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	ev further th	e organizatio	n's exem	pt purpose	in Part)	KIII.		
5	During the year, did the organization solicit or	•		•	•						
	to be sold to raise funds rather than to be ma		,		•				Yes		No
Pai	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Part		7.0 11 1110	, organizatio	ir anoworda	100 0111	om 000, 1	u ,	110 0, 01		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for o	contributions	s or other ass	ets not in	ncluded				
	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII a								,		
-	Too, explain the arrangement in rate will be	and complete the ren	ownig t	abio.					Amoun	t	
С	Beginning balance						1c		7 11110411		
	Additions during the year										
	Distributions during the year										
f											
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						y ·		•		j
	T V Endowment Funds. Complete if										
		(a) Current year		rior year	(c) Two year		d) Three yea	rs hack	(e) Fou	r vears	hack
1 a	Beginning of year balance	(a) current year	(2)	nor year	(O) TWO YOU	o buok 1	aj miloo you	ITO DUON	(0)100	youro	buok
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	. '										
£	and programs										
	Administrative expenses										
_	End of year balance		/line 1e	r column (a)) hold oo:						
2	Provide the estimated percentage of the curre	•	•	y, column (a)) riela as.						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c should be a sh	· ·		A anna la al al ana	al a also ballatas	6 41					
Зa	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are neid ar	ia administer	ea for the	e organizatio	on	1		
	by:								- m	Yes	No
	(i) unrelated organizations								3a(i)		
_									3a(ii)		
_	If "Yes" on line 3a(ii), are the related organizat								3b		
4 Do:	Describe in Part XIII the intended uses of the		vment f	unds.							
Pal	t VI Land, Buildings, and Equipme		_		_	_					
	Complete if the organization answered	I "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990	, Part X, li	ine 10.				
	Description of property	1 ' '	``					Accumulated (d) Book			е
		basis (investr	nent)	basis	(other)	dep	reciation				
	Land										
	Buildings										

Schedule D (Form 990) 2018

0.

e Other

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				l - f
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
	F 000 Davi N/	line 11 d Can Farms 000	Dort V. line 45	
Complete if the organization answered "Yes"	Description	, line 11d. See Form 990,	Part X, line 15.	(b) Book value
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(9)				
	45)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> </u>			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Forn	n 990 Part X line 25	
(1) 5	on on section	(b) Book value	1990, 1 att X, iii le 25.	
1. (a) Description of liability (1) Federal income taxes		(2) 20011 14.00	-	
(2)			-	
(3)			-	
(4)			-	
			_	
(5) (6)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	.05)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: ∠3.)			

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pai	t XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1,608,637.
1				1	1,000,037.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	22 401		
a	Net unrealized gains (losses) on investments		33,481.	-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.) Add lines 2a through 2d	•		00	33,481.
е 3	•			2e 3	1,575,156.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				2,0,0,200,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
			-195,730.	-	
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	-195,730.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,379,426.
	t XII Reconciliation of Expenses per Audited Financial State	ements With I	Expenses per F		2,0.5,120.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	1,352,178.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)		195,730.		
e	Add lines 2a through 2d			2e	195,730.
3	Subtract line 2e from line 1			3	1,156,448.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
	A 1 1 1 2 1 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1	·		4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,156,448.
Pai	t XIII Supplemental Information.				
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any X, LINE 2:	additional informa	ition.		
THE	ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN A	CCORDANCE			
WITH	ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACC	OUNTING FOR			
UNCE	RTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRE	SHOLD AND			
MEAS	UREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A	TAX			
POSI	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE O	RGANIZATION			
HAS	DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH	OUALIFY FOR			
	ER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS A	י			
		1 00NE 30,			
2019	•				
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
990,	PART VIII LINE 8B REDUCTION	-195,730.			

Sche	dule D (Form 9	90) 20	₁₈ ental In	MZ	ANY HO	PES, I	NC.					39	-20675	02	Page §	j
Par	t XIII	Supp	leme	ntal In	forma	tion _{(c}	ontinue	ed)									_
																	_
PART	XII.	LINE	2D -	OTHER	ADJUS'	TMENTS	:										
	,																_
990,	PART	VIII	LINE	8B REI	DUCTION	N				195,	730.						
																	_
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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

OMB No. 1545-0047

Name of the organization

Employer identification number

IAN	Y HOPES, INC.					39-2067502	
		rmation on A	ctivities Out	side the United States. Comple	ete if the organ		Yes" on
	Form 990, Part I	V, line 14b.					
1				ds to substantiate the amount of its gra he selection criteria used to award the			Yes X No
2	For grantmakers. Description	cribe in Part V the	e organization's រុ	procedures for monitoring the use of its	grants and ot	her assistance outs	side the
3				n be duplicated if additional space is n			T
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prodescribe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EN	YA			GRANTS	ORPHANAGE A	AND SCHOOL	861,212.
INIT	TED KINGDOM			GRANTS	SUPPORT		50,000.
л т .	IED KINGDOM			GRANIS	SUPPORT		30,000.
3 a	Subtotal	0	0				911,212.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				911,212.

Part II

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN							
		AFRICA - ANGOLA,							
		BENIN, BOTSWANA,		0.61 0.10			AT / 3		
			ORPHANAGE AND SCHOOL	861,212.	WIRE TRANSFER	0.	N/A	N/A	
		EUROPE (INCLUDING ICELAND &							
		GREENLAND) -							
			SUPPORT	50 000	WIRE TRANSFER	0	N/A	N/A	
		indiaviri, midomiri,	DOLLOKI	30,000.	WIKE HUMOTEK	•••	, 11	1771	
0 5 1 1 1 1 1 1		<u> </u>	. , ,					<u> </u>	
			ecognized as charities by the f					n	
			ion 501(c)(3) equivalency letter					2	
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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018 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: FUNDS ARE GRANTED TO RECOGNIZED CHARITIES OUTSIDE THE US SERVING THE NEEDS OF ORPHANED AND ABANDONED CHILDREN IN KENYA. FUNDS ARE GRANTED IN RESPONSE TO REQUESTS TO MEET SPECIFIC NEEDS IN LINE ITEMS IN PROGRAM BUDGETS AGREED WITH MANY HOPES, INC. (MH) AT THE START OF EACH YEAR. MH REPRESENTATIVES VISIT PROJECTS AT LEAST ONCE EACH YEAR TO INPUT INTO THE SETTING OF THAT BUDGET AND REVIEW THE BUDGET FOR THE PREVIOUS YEAR. ALL RECEIPTS FOR PURCHASES MADE FOR BUILDING OR FOR RUNNING BUILDINGS CONSTRUCTED OR PROGRAMS IMPLEMENTED ARE KEPT BY A PROJECT ACCOUNTANT. AT THE END OF THE FINANCIAL YEAR AN INDEPENDENT AUDIT OF EXPENDITURE V GRANT MONIES RECEIVED BY PROJECTS IS CARRIED OUT BY AN EXTERNAL ACCOUNTANT. AND HARD AND SOFT COPIES OF THE AUDIT SENT TO MH. ADDITIONALLY THERE IS QUARTERLY REPORTING OF RUNNING COSTS FOR SPECIFIC PROJECTS FUNDED BY MH.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization						Employer ide	ntification number
MANY HOPES	, INC.					39-206750	2
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e X Solicitating S	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		<u> </u>					
3 List all states in which the organization	n is registered or licensed to solicit o		_ utions	or has been notified	it is e	exempt from re	 gistration
or licensing. NY,MA,CA,DC							

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SOTHERBYS EVENT NEW YORK SPRING (add col. (a) through SEPTEMBER 2018 BALL MAY 2019 col. (c)) (event type) (event type) (total number) 417,174. 39,927. 59,948. 517,049. 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 417,174. 39,927. 59,948. 517,049. 4 Cash prizes 5 Noncash prizes Direct Expenses 2,500. 2,500. 6 Rent/facility costs 94,544. 1,395. 23,571. 119,510. 7 Food and beverages 3,800. 3,800. 8 Entertainment 45,715. 14,183. 10,022 69,920. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 195,730. 321,319. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2018 MANY HOPES, INC.	206/50	12	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III. lir	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	02, .02,

Schedule (G (Form 990 or 990-EZ)	MANY HOPES,	INC.		3	39-2067502	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation _{(continu}	ued)				

SCHEDULE 0

Internal Revenue Service

Name of the organization

(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.

2018

Open to Public Inspection

Employer identification number

MANY HOPES, INC. 39-2067502 FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS LINE 11A EXPLANATION -WERE MADE AVAILABLE TO THE ENTIRE BOARD OF THE ORGANIZATION PRIOR TO THE JULY 2020 BOARD MEETING. DURING THE BOARD MEETING ON JULY 16, 2020 THE FORM 990 AND AUDITED FINANCIAL STATEMENTS WERE REVIEWED BY THE BOARD AND VOTED ON FOR APPROVAL FORM 990, PART VI, SECTION C, LINE 19: IN MASSACHUSETTS A COPY OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE AT THE MASSACHUSETTS SECRETARY OF STATE'S OFFICE AND ACCESSIBLE BY WEBSITE OR REQUEST. THE ORGANIZATION ALSO MAKES AVAILABLE THE FORM 990 TO ANY PERSON REQUESTING A COPY AND A COPY CAN BE FOUND ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.