** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) 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)

Inspection

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

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

OMB No. 1545-0047

ΑF	or the	$oldsymbol{e}$ 2019 calendar year, or tax year beginning $oldsymbol{J}^{U}$	$^{\mathrm{L}}$ 1, 2019 and	lending ${\mathbb J}^{\scriptscriptstyle{7}}$	UN 30, 2020				
B	Check if	C Name of organization			D Employer identi	fication number			
	Addre	MANY HOPES, INC.							
	Name chang	Doing business as			39-206750	2			
	Initial return Final	Number and street (or P.O. box if mail is not del 85 PARKWAY ROAD	ivered to street address)	Room/suite #2	E Telephone numb				
	⊥return termir ated		7IP or foreign postal code		G Gross receipts \$	1,034,528.			
	∏Amen		zii oi loreigii postai code						
\vdash	return Applic tion				H(a) Is this a group				
	tion pendi	F Name and address of principal officer: SAME AS C ABOVE			for subordinate	—			
_			4		H(b) Are all subordinates				
				or 527	1 '	a list. (see instructions)			
		ee: WWW.MANYHOPES.ORG			H(c) Group exempt	•			
	orm of	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 2007	M State of legal domicile: MA			
•	_	Briefly describe the organization's mission or most	-in-ificant activities. THE OR	CANT7ATTC	NI CHAIL HELD TO				
Governance	1	SUSTAIN, ENHANCE AND DEVELOP THE RESOLUTION OF MOST			N SHADD HEDT TO				
ra	2	Check this box 🕨 🔲 if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its net a	ssets.			
×e	3	Number of voting members of the governing body (Part VI, line 1a)		3	7			
	4	Number of independent voting members of the gov	rerning body (Part VI, line 1b)		4	7			
οğ (y		Total number of individuals employed in calendar y				1			
Ęi		Total number of volunteers (estimate if necessary)				0			
Activities &		Total unrelated business revenue from Part VIII, col				a 0.			
Ă		Net unrelated business taxable income from Form 9							
					Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)			1,047,546				
	l				0				
Ver	ı	Investment income (Part VIII, column (A), lines 3, 4,			10,561	· 			
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			321,319				
	ı				1,379,426				
_		Total revenue - add lines 8 through 11 (must equal			911,212				
	ı	Grants and similar amounts paid (Part IX, column (A			0	 			
	I .	Benefits paid to or for members (Part IX, column (A	85,558	`					
ses	15	Salaries, other compensation, employee benefits (F			05,550	-			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				2,300.			
X	_b	Total fundraising expenses (Part IX, column (D), line	•		150 670	222 612			
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			159,678	 			
	l	Total expenses. Add lines 13-17 (must equal Part IX			1,156,448	<u> </u>			
	19	Revenue less expenses. Subtract line 18 from line	12		222,978	<u> </u>			
t Assets or		- · · · · · · · · · · · · · · · · · · ·		Ве	ginning of Current Year				
SSE	20	Total assets (Part X, line 16)			1,255,043				
Net A	1	Total liabilities (Part X, line 26)			1,637				
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		1,253,406	1,800,741.			
		Ities of perjury, I declare that I have examined this return,				ny knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowledge.				
		Signature of officer			l Date				
Sig					Date				
Her	е	BECKY WELDAY, TREASURER							
		Type or print name and title		T r	Data La	DTIN			
		Print/Type preparer's name	Preparer's signature		Date Check if	PTIN			
Paid		JAMES WATERMAN, CPA			self-emp				
	arer	Firm's name KOKINOS WATERMAN PC			Firm's EIN ▶	82-1154822			
Use	Only	Firm's address > 220 BROADWAY, SUITE 101							
		LYNNFIELD, MA 01940-2352			Phone no.78	1-584-7600			
Max	tha II	RS discuss this return with the preparer shown above	(a) (can instructions)			X Ves No			

39-2067502	Page
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Pa	tt III Statement of Program s	-	•		
			o any line in this Part III		
1	Briefly describe the organization's mi THE ORGANIZATION HOUSES, ED		OCAMES OPPHANED AND		
	ABANDONED CHILDREN IN KENYA		OCATES ORTHANED AND		
	IDINDONED CHIEDREN IN KENTI	•			
2	Did the organization undertake any s	ignificant program se	ervices during the year which w	vere not listed on the	
	prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services				
3	Did the organization cease conductin		nt changes in how it conducts,	any program services?	Yes X No
_	If "Yes," describe these changes on S				
4	Describe the organization's program				
	Section 501(c)(3) and 501(c)(4) organ		to report the amount of grants	and allocations to others, the total e	expenses, and
4-	revenue, if any, for each program ser			174,938.) (Revenue\$	1 010 576 \
4a	(Code:) (Expenses \$ THE ORGANIZATION WAS FOUNDED			(Revenue \$	1,010,570.
	ABANDONED CHILDREN IN KENYA		YEAR WERE USED FOR BUIL	DING	
	AND OPERATING A SCHOOL WITH				
	HOME FOR 55 GIRLS NEAR MOMB				
	COSTS FOR THE MUDZINI KWETU		•		
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , , ,				
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services (Describe on	Schedule ()			
−u	(Expenses \$	including grants of \$	1	(Revenue \$)
	Total program service expenses	moraumy grants of \$	250,740.	(Lavorido V	,

Form 990 (2019) 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	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			١.,
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	٠. ا		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ A
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	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		Х
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		X
20 a	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	L	X

Form 990 (2019) 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule 0	38	Х	<u> </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Establica analysis Band of Establica and a second s		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Litter the number of Forms w-2d included in line 1a. Enter-0-11 not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	Х	
	TUGITIDINIU WININIUG TO DITZE WINIEGS!	l 1c	47	

Form 990 (2019)

MANY HOPES, INC.

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

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b						Yes	No			
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? AB Did the organization have unrelated business gross cincions of \$1,000 or more during the year? AB Did the organization have unrelated business gross cincions of \$1,000 or more during the year? BI 174s, *has it filled a Form 990 for the war? if *No* to line 8b, provide an explanation on Schedule 0 AB At any time during the cellandar 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? AB A Text yitine during the cellandar year, did the organization have an interest in, or a signature or other authority over, a financial Account in a foreign country. BY See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See Was the organization relation as a bank account, securities account, or other financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See In 174s or a signature of the security of a prohibited tax shelter transaction and years (the security of a prohibited tax shelter transaction and years (the security of a prohibited tax shelter transaction and years (the security of a prohibited tax shelter transaction and years (the security of a prohibited tax shelter transaction and years (the security of a prohibited tax shelter transaction and years are the security of a prohibited tax shelter transaction and years are not at deductible? Be the organization relation and the security of the security of a prohibited tax shelter transaction and years (the security of the secur	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a_file (See instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	:	L					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calandary 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)? 4b If Year, "enter the name of the foreign country." See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X to Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X to B in Year, "enter 5a OS b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Year (I we's) to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c In Year (I we's) to line 5a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5c In Year, "did the organization include with every socilitation an express statement that such contributions socilitation and contributions? 6c In Year (I we's) the organization include with every socilitation an express statement that such contributions or gitts were not tax deductible? 6c Organization state may receive deductible contributions under section 170c). 8c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8c Did the organization socility the donor of the value of the goods or services provided? 9c Did the organization socility the donor of the value of the goods or services provided? 9c Did the organization society as a payment, society or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization function of the value of the goods or services provided? 9c Did the organization function	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		Х			
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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 triancial accountity over, a financial account in a foreign country (such as a bank account, securities account, or other triancial accountity over, a financial accounts of the properties of the property of the properties of		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)							
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly couch as a bank account, securities account, or other financial accountly? b If "Yes," enter the name of the foreign country ▶ see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization in by a prohibited tax shefter transaction? 5b Was the organization the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes to line 5a or 5b, did the organization file Form 888-17? 5c If "Yes to line 5a or 5b, did the organization file Form 888-17? 5c Bo Bos 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? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bid en organization state in any receive deductible contributions under section 170(c). 8d bid the organization rotify the donor of the value of the goods or services provided to the payor? 7b If "Yes," idd the organization inotify the donor of the value of the goods or services provided? 7c If the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d If the organization, during the year, pay premiums, circetty or indirectly, on a personal benefit contract? 7c If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 7n If the organization received an contribution of curinded, or a personal benefit contract? 7d If the organ	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х			
financial account in a foreign country	b	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O								
b if "Yes," center the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization need to the organization file of the organization shell were not tax deductible as charitable contributions? 6c	4a									
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Was the organization foreign and party to a prohibited tax shelter transaction? 5 Was the organization foreign and property of the proper		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х			
58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 68 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 69 To Pranizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Toganizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation and partly for goods and services provided to the payor? 71 Toganization state may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? 71 Toganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? a Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 72 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? b If the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-Cr 3 Section 501(c)(7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds. Di	b	If "Yes," enter the name of the foreign country								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
til Yes 'to line Sa or Sb, did the organization file Form 8886.7' 6a Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 6a X 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 170(c). a Did the organization notify the donor of the value of the goods or services provided? 7 Did to granization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? to lift the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 8 Sponsoring organization make a distribution of advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on form 990, Part VIII, line 12 b Gross receipts, included on form 990, Part VIII, line 12 c Section 501(c)(20) qualified nonprofit health insurance issuers. a Is the organization received from them). 22 Section 501(c)(20) qualified health plans in more										
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I6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
	16		incor	ne?	16		Х			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>'</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY,MA,CA,DC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• ,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	BECKY WELDAY - 210-262-6112			
	85 PARKWAY ROAD #2, BRONXVILLE, NY 10708			

Form 990 (2019) 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.

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

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one			than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		uer an	iu a d	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	m pen		(** 2/ 1000 14/100)		and related
	below	dualt	ution	<u></u>	Key employee	st co	-ie			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MAXINE FRIEDMAN	4.00									
PRESIDENT		Х						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.
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Form 990 (2019) MANY HOPES,									39-20	6750	2	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box, offic	not c	Posi heck i ss per id a di	more son i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	tion amou			of
	(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)	organization (W-2/1099-MI		fr org an	pensa om th anizat d relat anizati	ie tion ted
1b Subtotal							>	0.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						▶	0.		0.			0.
Total number of individuals (including but no compensation from the organization) wh	o re	eceived more than \$100,	000 of reportable	е			0
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		Х
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				х
and related organizations greater than \$150Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		4		
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 co										pensa	tion fro	om	
the organization. Report compensation for (A) Name and business		ear e		ig w	ith C	or wi	tnin	(B) Description of s			(Compe		
- Name and pasiness	addicoo	NOI	NE					Description of a	or vices		ompo	- Ioutio	
							1						
2 Total number of independent contractors (i	•	ot lin	nited	d to t		se lis	ted	above) who received mo	ore than				

Form 990 (2019) MANY HOPES
Part VIII Statement of Revenue

			Chack if Schodula O co	ontains a	rocponco	or note to any lin	o in this Part VIII			
			Check if Schedule O c	ontains a	response	or note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Membership dues Fundraising events	butions) grants, and above	1f 1g \$	1,010,576. 854.	1,010,576.			
<u> </u>		<u>'''</u>	Total: Add lines fa 11			Business Code				
Program Service Revenue	2	a b c d								
Д			All other program service re							
	3	3	Total. Add lines 2a-2f Investment income (includi other similar amounts) Income from investment of	ing divide	nds, intere	est, and	23,952.	23,952.		
	5	,	Royalties							
	6		Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	i) Real	(ii) Personal				
		d	Net rental income or (loss)			>				
	7		Gross amount from sales of assets other than inventory	7a (i) S	Securities	(ii) Other				
Revenue		С	Gain or (loss)	7b 7c						
Other R	8		Net gain or (loss) Gross income from fundraisin including \$			>				
Ó		b	contributions reported on I Part IV, line 18 Less: direct expenses		ee <u>8a</u>					
			Net income or (loss) from for							
	9		Gross income from gaming Part IV, line 19		9a					
			Net income or (loss) from g			>				
	10		Gross sales of inventory, leand allowances		10a					
			Net income or (loss) from s							
sn	11	a				Business Code				
Miscellaneous Revenue	• •	b								
scellaneo Revenue		c								
lisc Be			All other revenue							
2			Total. Add lines 11a-11d							
	12	2	Total revenue. See instruction	ns		>	1,034,528.	23,952.	0.	0.

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

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting f 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 0.) 2 Advertising and promotion 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 6,672. 1,334. 2,669. 2,7000. 7,000. 7,000. 2,500. 38,437. 38,437.	$\overline{}$
1	
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	
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 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 6,672. 1 1,334. 2,669. 2,11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e 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. 0.) 2 Advertising and promotion 2,850. 2 8914. 45,058. 33,	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
individuals. See Part IV, lines 15 and 16	
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(r)(1)) and persons described in section 4958(r)(3)(B) 7 Other salaries and wages 75,625. 15,125. 30,250. 30, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 6,672. 1,334. 2,669. 2, 11 Fees for services (nonemployees): a Management b Legal 7,000. 7,000. 7,000. 10 Lobbying 7,000. 10 Lobbying 7,000. 10 Lobbying 10 Lobb	
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14 Information technology	466.
11 minumation too minorgy	
15 Royalties	
16 Occupancy	
17 Travel 16,336. 13,191. 899. 2,	246.
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 2,299. 2,299.	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	
	014.
b , , , , , , , , , , , , , , , , , , ,	
c	
d d	
e All other expenses	
	995.
26 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here if following SOP 98-2 (ASC 958-720) □ If following SOP 98-2 (ASC 958-720)	

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or ne	ote to a	any line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			130,018.	1	74,151.
	2	Savings and temporary cash investments			378,714.	2	326,104.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				1,440.	9	10,297.
	l	Land, buildings, and equipment: cost or other			,		,
	100	basis. Complete Part VI of Schedule D		a			
	h	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			744,871.	11	1,417,856.
	12	Investments - other securities. See Part IV, line			,	12	
	13	Investments - other securities. See Part IV, line		13			
	14			14			
	15	Intangible assets Other coasts, See Bort IV, line 11				15	
	16	Other assets. See Part IV, line 11			1,255,043.	16	1,828,408.
	17	Total assets. Add lines 1 through 15 (must ed			1,637.	17	27,667.
		Accounts payable and accrued expenses			1,007.		27,007.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete			21		
ies	22	Loans and other payables to any current or for					
ij		trustee, key employee, creator or founder, sub		· ·		-00	
Liabilities		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat		[24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line		, ·		0.5	
		of Schedule D			1,637.	25	27,667.
	26	Total liabilities. Add lines 17 through 25	<u></u>	▶ ▼	1,037.	26	27,007.
ý		Organizations that follow FASB ASC 958, ch	neck n	ere 🕨 🔼			
ည		and complete lines 27, 28, 32, and 33.			1 252 406		1 000 741
<u>a</u>	27				1,253,406.	27	1,800,741.
Ã	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB ASC	958, c	neck nere			
Net Assets or Fund Balances		and complete lines 29 through 33.				-	
ţ	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Ϋ́	31	Retained earnings, endowment, accumulated			1 252 426	31	1 000 741
Š	32	Total net assets or fund balances			1,253,406.	32	1,800,741.
	33	Total liabilities and net assets/fund balances			1,255,043.	33	1,828,408.

Form **990** (2019)

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Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,034,	528.
2	Total expenses (must equal Part IX, column (A), line 25)	2		483,	347.
3	Revenue less expenses. Subtract line 2 from line 1	3		551,	181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,253,	406.
5	Net unrealized gains (losses) on investments	5		-3,	846.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,800,	741.
Pa	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?					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	b Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,294,965.	1,271,429.	1,277,324.	1,147,421.	1,010,576.	6,001,715.
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	1,294,965.	1,271,429.	1,277,324.	1,147,421.	1,010,576.	6,001,715.
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.						6,001,715.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,294,965.	1,271,429.	1,277,324.	1,147,421.	1,010,576.	6,001,715.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	9,732.	11,536.	11,237.	10,561.	23,952.	67,018.
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						6,068,733.
12		etc. (see instruction	ns)			12	
13		· · ·		I. 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 2019 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	98.90 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.14 %
16a	33 1/3% support test - 2019. 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 - 2018. If the	organization did no	t check a box on li				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not cl				
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	s box and stop h	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization	-	▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, che	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	Γhe organization qu	ualifies as a publicl	y supported orgar	nization	▶□
18	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	_
18	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019 MANY HOPES, INC. 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.)

Sec	ction A. Public Support	now, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,					,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6 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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Public					 	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018		•			16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•			•	•	. \square
00	line 18 is not more than 33 1/3%, chec		•	•		-	
20	Private foundation. If the organization	n did not check a	pox on line 14 19	a or typ check th	us nox and see ins	STRUCTIONS	

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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")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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Par	t IV Supporting Organizations _(continued)		
		Yes	s 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?		
b	A family member of a person described in (a) above?		
	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.	:	
Sect	tion B. Type I Supporting Organizations		
		Yes	s 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.		
	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
000	ion of Type in oupporting Organizations	Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	16:	, NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sect	tion D. All Type III Supporting Organizations		
		Yes	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		\perp
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	_	
	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		
Soot	supported organizations played in this regard. 3 tion E. Type III Functionally Integrated Supporting Organizations		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	20)	
	Activities Test. Answer (a) and (b) below.	Yes	s No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		111
	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.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	\bot	\bot
3	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.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Schedule A (Form 990 or 990-EZ) 2019 MANY HOPES, INC. 39-2067502 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V │ Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt 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	the organization is responsive					
	(provide details in Part VI). See instructions.	9					
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
<u></u>	Eine o amount divided by into o amount	(i)	(ii)	(iii)			
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
-	line 7: \$						
a	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
e	Fxcess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 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

Name of the organization

Employer identification number MANY HOPES, INC. 39 - 2067502

Pa	rt I Organization	s Maintaining Donor Advised	l Funds or Other Similar Funds	or Accounts. Complete if the
	organization ansv	wered "Yes" on Form 990, Part IV, line	e 6.	·
	•		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of y	vear		
2		ributions to (during year)		
3		ts from (during year)		
4		of year		
5			vriting that the assets held in donor advis	ed funds
	~		exclusive legal control?	
6			dvisors in writing that grant funds can be	
			donor advisor, or for any other purpose	-
	impermissible private be			
Pa			anization answered "Yes" on Form 990,	
1		on easements held by the organizatio		
	Preservation of lar	nd for public use (for example, recreat	ion or education) Preservation of	f a historically important land area
	Protection of natu	ral habitat	Preservation of	f a certified historic structure
	Preservation of op	en space		
2	Complete lines 2a through	gh 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conserv	ration easements		2a
b		· · · · · · · · · · · · · · · · · · ·		
С	Number of conservation	easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation	easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ire
3			eased, extinguished, or terminated by the	
	year ▶			
4	Number of states where	property subject to conservation ease	ement is located	
5	Does the organization ha	ave a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcem	nent of the conservation easements it	holds?	Yes No
6	Staff and volunteer hour	s devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	
	>			
7	Amount of expenses inc	urred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year
	> \$			
8	Does each conservation	easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how	v the organization reports conservatio	n easements in its revenue and expense	statement and
	balance sheet, and inclu	de, if applicable, the text of the footne	ote to the organization's financial stateme	ents that describes the
		ng for conservation easements.		
Pa		-	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the o	rganization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected	ed, as permitted under FASB ASC 958	3, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasure	s, or other similar assets held for pub	lic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part >	(III the text of the footnote to its finan-	cial statements that describes these item	IS.
b	If the organization elected	ed, as permitted under FASB ASC 958	B, to report in its revenue statement and b	palance sheet works of
	art, historical treasures,	or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
		nounts relating to these items:		
	(i) Revenue included or	n Form 990, Part VIII, line 1		> \$
	(ii) Assets included in F	orm 990, Part X		> \$
2	If the organization receive	ed or held works of art, historical trea	sures, or other similar assets for financia	l gain, provide
	the following amounts re	equired to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Fo	rm 990, Part VIII, line 1		> \$
L	Assats included in Form	000 Port V		•

	dule D (Form 990) 2019 MANY HOPES							39-206			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tre	easures, or	Other S	imilaı	Assets	(conti	าued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that n	nake signi	ficant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	ď	t	Loan or exc	hange progran	n					
b	Scholarly research	6	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's continuous	ollections and explain	n how th	ney further th	ne organization	's exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or other	similar ass	sets				
	to be sold to raise funds rather than to be m	aintained as part of t	he orgar	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered "Y	es" on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa			· ·							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other asse	ts not incl	uded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-	ii roo, oxpiaii are arrangoment iii are xiii	and complete the re		abio.					Amoun		
С	Beginning balance						1c		7 11110411	<u> </u>	
	Additions during the year						1d				
	Distributions during the year						1e				
f							1f				
	Ending balance						-		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.					•			_ res	H	
Par											
	Zilde Villette Lander Complete						Thron	vaara baak	(a) Fau		
4.	Desiration of control belongs	(a) Current year	(D) F	Prior year	(c) Two years	Dack (a)	Tillee y	ears back	(e) F0u	years	Dack
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	<u></u> %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	it are held ar	nd administere	d for the o	rganiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								,		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part I\	/, line 11a. S	See Form 990, I	Part X, line	10.				
	Description of property	(a) Cost or o			t or other	(c) Accu		ed	(d) Boo	k valu	<u> </u>
		basis (investr			(other)		ciation		. , = = =		
1a	Land		-								
	Buildings										
	Leasehold improvements				+						
U	Ecasonola improvements			ļ							

Schedule D (Form 990) 2019

e Other

d Equipment

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

Schedule D (Form 990) 2019 MANY HOPES, INC.		3	9-206/502 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives	(b) Book value	(b) Method of Validation. Cost of Cit	d of your market value
(2) Closely held equity interests			
(0)			
(a) 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" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	_
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	•
	- F 000 D-+ N/ P	44 446 Octo France 2000 Book V. Kota 20	-
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
<u> </u>			(b) Book value
(1) Federal income taxes			
(2)			
(3)			1
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
169			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

X

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C				
5 D 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	atements With Evne	nees per Peturn	
Га			nses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I		T . I	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses	l l		
d	,		20	
e	•			
3 4	Subtract line 2e from line 1			
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	42		
a b				
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	rt XIII Supplemental Information.	10.,		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part X	XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			,
		•		
PART	TX, LINE 2:			
THE	ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN	ACCORDANCE		
WITH	H ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE A	CCOUNTING FOR		
UNCE	ERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION TH	RESHOLD AND		
MEAS	SUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING	A TAX		
POSI	TION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE	ORGANIZATION		
HAS	DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHI	CH QUALIFY FOR		
EITH	HER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS	AT JUNE 30,		
2020).			
D				
PART	T XI, LINE 4B - OTHER ADJUSTMENTS:			
000	PART VIII LINE 8B REDUCTION			

Schedule D (Form 990) 2019 MANY HOPES, INC. Part XIII Supplemental Information (continued)	39-2067502 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
990, PART VIII LINE 8B REDUCTION	

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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

IAN	Y HOPES, INC.					39-2067502		
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on	
	Form 990, Part IV							
1				ds to substantiate the amount of its gra			v 🔻 N	
	the grantees' eligibility to	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No	
2	For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outsi	de the	
3		Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)						
	(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 pro describe	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	ND SCHOOL	0.	
JNI'	TED KINGDOM			GRANTS	SUPPORT		0.	
				GRANTS	SUPPORT		0.	
3 a	Subtotal	0	0				0.	
b	Total from continuation sheets to Part I	0	0				0.	
С	Totals (add lines 3a		0				_	

Port II Cuenta and Otto

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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,						
			ORPHANAGE AND SCHOOL	0.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING						
		ICELAND & GREENLAND) -						
		ALBANIA, ANDORRA,	SIIPPORT	0	WIRE TRANSFER	100,000.	N/A	N/A
		indiana, internal,	5011 0111	· .	NIKE HURNELEK	200,000.	11,71	11/22
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	SUPPORT	0.		74,938.		
2 Enter total number of	recipient organizatio	ns listed above that are i	recognized as charities by the t	foreign country,	recognized as tax-ex	empt	•	•
			tion 501(c)(3) equivalency letter					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2019 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) 2019

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. .LIST 54 WATERMAN - 12/13/17 11:06AM WORKSHEET SCHEDULE F 650000 GRANTS TO KENYA - SCHOOL GRANTS TO KENYA - HOME 195000 KENYA PROGRAM COSTS 16212

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization MANY HOPES, INC. 39-2067502 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPANSION OF ORGANIZATIONS AROUND THE WORLD THAT ARE RESCUING EDUCATING AND ADVOCATING FOR ORPHANED ABANDONED ABUSED OR ENSLAVED THE ORGANIZATION SHALL HELP TO GENERATE PUBLIC AWARENESS OF CHILDREN. THE ORGANIZATIONS, SCHOOLS, ORPHANAGES AND CHILD RESCUE AND FUNDS FOR AND REHABILITATION PROGRAMS AND CAPITAL PROJECTS, FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS 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.