| Form <b>990</b> |
|-----------------|
|-----------------|

# Return of Organization Exempt From Income Tax

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

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



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

| ΑF            | For the              | e 2020 calendar year, or tax year beginning JUL 1, 2020 and  | l <b>ending</b> ਹ | UN 30, 2021                         |                                |  |  |  |  |
|---------------|----------------------|--|-------------------|-------------------------------------|--------------------------------|--|--|--|--|
|               | Check if<br>applicab | c Name of organization   |                   | D Employer ident                    | ification number               |  |  |  |  |
|               | Addre                | SS MANY HOPES, INC.  |                   |                                     |                                |  |  |  |  |
|               | Name                 |  |                   | 39-206750                           | 2                              |  |  |  |  |
|               | Initial              | Number and street (or P.O. box if mail is not delivered to street address)   | E Telephone numb  |                                     |                                |  |  |  |  |
|               | Final                | 85 DADKWAY DOAD  | Room/suite<br>#2  | 210-262-611                         |                                |  |  |  |  |
|               | termir               |  |                   | <b>G</b> Gross receipts \$          | 1,779,894.                     |  |  |  |  |
|               | Amen<br>return       | ded PRONVUTTE NY 10708   |                   | H(a) Is this a group                | return                         |  |  |  |  |
|               | Applic tion          | F Name and address of principal officer.   | for subordinat    | es? Yes X No                        |                                |  |  |  |  |
|               | pendi                | <sup>19</sup> SAME AS C ABOVE  |                   | H(b) Are all subordinates           | s included? Yes No             |  |  |  |  |
|               |                      | empt status: $X = 501(c)(3) = 501(c) ( ) < (insert no.) = 4947(a)(1)$  | or 527            | If "No," attach                     | a list. See instructions       |  |  |  |  |
|               |                      | te: WWW.MANYHOPES.ORG  |                   | H(c) Group exempt                   | tion number 🕨                  |  |  |  |  |
|               |                      | organization: X Corporation Trust Association Other ►  | L Year            | of formation: 2007                  | M State of legal domicile: MA  |  |  |  |  |
| Pa            | art I                | Summary  |                   |                                     |                                |  |  |  |  |
| ė             | 1                    | Briefly describe the organization's mission or most significant activities:  |                   | ON SHALL HELP TO                    | )                              |  |  |  |  |
| anc           |                      | SUSTAIN, ENHANCE AND DEVELOP THE RESOURCES, PROGRAMS, AND FU   |                   |                                     |                                |  |  |  |  |
| Governance    | 2                    | Check this box      if the organization discontinued its operations or disposed in the second |                   |                                     |                                |  |  |  |  |
| Š             | 3                    |  |                   |                                     | 3 7<br>4 7                     |  |  |  |  |
|               |                      | Number of independent voting members of the governing body (Part VI, line 1b)  |                   |                                     | <b>5</b> 2                     |  |  |  |  |
| ties          | 5                    | Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>-</b>          | <b>6</b> 0                          |                                |  |  |  |  |
| Activities &  | -                    | Total number of volunteers (estimate if necessary)   |                   |                                     | a <sup>0</sup> .               |  |  |  |  |
| A             |                      | Net unrelated business taxable income from Form 990-T, Part I, line 11   |                   |                                     | <b>b</b> 0.                    |  |  |  |  |
|               |                      |  |                   | Prior Year                          | Current Year                   |  |  |  |  |
|               | 8                    | Contributions and grants (Part VIII, line 1h)  |                   | 1,010,576                           |                                |  |  |  |  |
| Revenue       | 9                    | Program service revenue (Part VIII, line 2g)   |                   | 0                                   | 0.                             |  |  |  |  |
| eve           | 10                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                   | 23,952                              | 49,008.                        |  |  |  |  |
| č             | 11                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                   | 0                                   | 0. 0.                          |  |  |  |  |
|               |                      | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                   | 1,034,528                           | 1,392,278.                     |  |  |  |  |
|               | 13                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                   | 174,938                             | 716,944.                       |  |  |  |  |
|               | 14                   | Benefits paid to or for members (Part IX, column (A), line 4)  |                   |                                     | 0. 0.                          |  |  |  |  |
| ŝ             | 15                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 82,297            |                                     |                                |  |  |  |  |
| Expenses      | 16a                  | Professional fundraising fees (Part IX, column (A), line 11e)  | 2,500             | 0. 0.                               |                                |  |  |  |  |
| ğ             | . b                  | Total fundraising expenses (Part IX, column (D), line 25)  |                   | 107.101                             |                                |  |  |  |  |
| ш             | 1 17                 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                   | 223,612                             |                                |  |  |  |  |
|               |                      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                   | 483,347                             | , ,                            |  |  |  |  |
|               |                      | Revenue less expenses. Subtract line 18 from line 12   |                   | 551,181                             | , ,                            |  |  |  |  |
| ts o          |                      | Tatal seconds (Dart )/ line 1()  | Ве                | ginning of Current Yea<br>1,828,408 |                                |  |  |  |  |
| Asse          | 20                   | Total assets (Part X, line 16)   |                   | 27,667                              |                                |  |  |  |  |
| Net Assets or | 21<br>22             | Total liabilities (Part X, line 26)<br>Net assets or fund balances. Subtract line 21 from line 20  |                   | 1,800,741                           | · · · ·                        |  |  |  |  |
|               | art II               | Signature Block  |                   | 1,000,11                            | 1,501,515.                     |  |  |  |  |
|               |                      | Ities of perjury, I declare that I have examined this return, including accompanying schedule  | s and statem      | ents, and to the best of i          | my knowledge and belief, it is |  |  |  |  |
|               | -                    | et, and complete. Declaration of preparer (other than officer) is based on all information of w  |                   |                                     | ,                              |  |  |  |  |
|               |                      |  |                   |                                     |                                |  |  |  |  |
| Sig           | n                    | Signature of officer   |                   | Date                                |                                |  |  |  |  |
| Her           |                      | BECKY WELDAY, TREASURER  |                   |                                     |                                |  |  |  |  |
|               |                      | Type or print pame and title   |                   |                                     |                                |  |  |  |  |

|            | Type of print name and title  |                         |      |            |  |  |  |  |  |
|------------|---|-------------------------|------|------------|--|--|--|--|--|
|            | Print/Type preparer's name  | Preparer's signature    | Date | Check PTIN |  |  |  |  |  |
| Paid       | JAMES WATERMAN, CPA   | self-employed P00291512 |      |            |  |  |  |  |  |
| Preparer   | reparer Firm's name ► KOKINOS WATERMAN PC Firm's EIN ► 82-1154822               |                         |      |            |  |  |  |  |  |
| Use Only   | y Firm's address 🖕 220 BROADWAY, SUITE 101                                      |                         |      |            |  |  |  |  |  |
|            | LYNNFIELD, MA 01940-2352 Phone no.781-584-7600                                  |                         |      |            |  |  |  |  |  |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions |                         |      |            |  |  |  |  |  |

| Form | n 990 (2020) MANY HOPES, INC.  | 39-2067502 Page <b>2</b>                |
|------|--|---|
|      | rt III Statement of Program Service Accomplishments  | - 490                                   |
|      | Check if Schedule O contains a response or note to any line in this Part III                                     |   |
| 1    | Briefly describe the organization's mission:   |   |
| •    | MANY HOPES RESCUES CHILDREN FROM OPPRESSION AND RAISES THEM TO BE  |   |
|      | ADULTS OF INFLUENCE EQUIPPED TO DO JUSTICE FOR OTHERS, CAUSING   |   |
|      | EXPONENTIAL IMPACT.  |   |
|      |  |   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the     |   |
| ~    |  | Yes X No                                |
|      | prior Form 990 or 990-EZ?<br>If "Yes," describe these new services on Schedule O.                                |   |
| ~    |  | ? Yes X No                              |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services?     |   |
|      | If "Yes," describe these changes on Schedule O.  |   |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as   |   |
|      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | ers, the total expenses, and            |
|      | revenue, if any, for each program service reported.  |   |
| 4a   | (Code:) (Expenses \$777,783. including grants of \$716,944. ) (Reve  | renue \$ 1,392,278. )                   |
|      | THE ORGANIZATION WAS FOUNDED TO HOUSE AND EDUCATE ORPHANED AND   |   |
|      | ABANDONED CHILDREN IN KENYA. GRANTS THIS YEAR WERE USED FOR BUILDING   |   |
|      | AND OPERATING A SCHOOL WITH CAPACITY FOR 900 CHILDREN. SUSTAINING A  |   |
|      | HOME FOR 55 GIRLS NEAR MOMBASA (PROVIDING FOOD, SHELTER AND EDUCATIONAL  |   |
|      | COSTS FOR THE MUDZINI KWETU CENTER TRUST).   |   |
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| 4b   | (Code:) (Expenses \$ including grants of \$) (Reve   | renue \$                                |
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| 4c   | (Code:) (Expenses \$ including grants of \$ ) (Reve  | renue \$ )                              |
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| 4d   |  | <b>`</b>                                |
|      | (Expenses \$ including grants of \$ ) (Revenue \$  | )                                       |
| 4e   | Total program service expenses 777,783.  | <b>600</b> (2000)                       |

| Form         | 990 (2020) MANY HOPES, INC. 39-206750   | 2          | Р   | age <b>3</b> |
|--------------|---|------------|-----|--------------|
| Pa           | t IV Checklist of Required Schedules  |            |     |              |
|              |   |            | Yes | No           |
| 1            | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |            |     |              |
|              | If "Yes," complete Schedule A   | 1          | Х   |              |
| 2            | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2          | Х   |              |
| 3            | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |     |              |
|              | public office? If "Yes," complete Schedule C, Part I  | 3          |     | X            |
| 4            | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |            |     |              |
|              | during the tax year? If "Yes," complete Schedule C, Part II   | 4          |     | X            |
| 5            | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |            |     |              |
|              | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5          |     | X            |
| 6            | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |     |              |
|              | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |     | X            |
| 7            | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |     |              |
|              | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |     | X            |
| 8            | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |     |              |
|              | Schedule D, Part III  | 8          |     | X            |
| 9            | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   |            |     |              |
|              | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |     |              |
|              | If "Yes," complete Schedule D, Part IV  | 9          |     | X            |
| 10           | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |            |     |              |
|              | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10         |     | X            |
| 11           | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X  |            |     |              |
|              | as applicable.  |            |     |              |
| а            | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |            |     |              |
|              | Part VI   | 11a        |     | X            |
| b            | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |            |     |              |
|              | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |     | X            |
| С            | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |            |     | x            |
|              | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |     |              |
| a            | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |            |     | x            |
| -            | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d<br>11e |     | X            |
|              | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>   | Tie        |     |              |
| •            | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f        | х   |              |
| 1 <b>2</b> a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | <u> </u>   |     |              |
| 120          |   | 12a        |     | x            |
| h            | Schedule D, Parts XI and XII  | 120        |     |              |
| 5            | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |     | x            |
| 13           | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |     | x            |
| 14a          | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        | х   |              |
| b            | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |            |     |              |
| -            | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |            |     |              |
|              | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        | х   |              |
| 15           | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |            |     |              |
|              | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         | х   |              |
| 16           | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |            |     |              |
|              | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |     | х            |
| 17           | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |            |     |              |
|              | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 17         |     | x            |
| 18           | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            |     |              |
|              | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         |     | x            |
| 19           | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |            |     |              |
|              | complete Schedule G, Part III   | 19         |     | x            |
| 20a          | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a        |     | x            |
| b            | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b        |     |              |
| 21           | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |            |     |              |
|              | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II   | 21         |     | Х            |

Form 990 (2020)

| Form | 990 | (2020) |
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Form 990 (2020) MANY HOPES, INC. Part IV Checklist of Required Schedules (continued)

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|----------|--|------|-----|----|--|--|--|--|
|          |  |      | Yes | No |  |  |  |  |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      |     | x  |  |  |  |  |
| 00       | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III<br>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  | 22   |     |    |  |  |  |  |
| 23       | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |      |     |    |  |  |  |  |
|          | Schedule J   | 23   |     | x  |  |  |  |  |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |      |     |    |  |  |  |  |
|          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |      |     |    |  |  |  |  |
|          | Schedule K. If "No," go to line 25a  | 24a  |     | X  |  |  |  |  |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |     |    |  |  |  |  |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |      |     |    |  |  |  |  |
|          | any tax-exempt bonds?  | 24c  |     |    |  |  |  |  |
|          | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |     |    |  |  |  |  |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |      |     |    |  |  |  |  |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |     | X  |  |  |  |  |
| a        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |     |    |  |  |  |  |
|          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  | 25b  |     | x  |  |  |  |  |
| 26       | Schedule L, Part I       26         Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |      |     |    |  |  |  |  |
| 20       | 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   |      |     |    |  |  |  |  |
| 27       |  |      |     |    |  |  |  |  |
|          | 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   |      |     |    |  |  |  |  |
| 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  |      |     |    |  |  |  |  |
|          | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b  |     | X  |  |  |  |  |
| С        | 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  | x   | X  |  |  |  |  |
| 29<br>20 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>   | 29   | ~   |    |  |  |  |  |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 30   |     | x  |  |  |  |  |
| 31       | contributions? If "Yes," complete Schedule M<br>Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 30   |     | X  |  |  |  |  |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | - 51 |     |    |  |  |  |  |
| 0L       | Schedule N, Part II  | 32   |     | x  |  |  |  |  |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |     |    |  |  |  |  |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | x  |  |  |  |  |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |      |     |    |  |  |  |  |
|          | Part V, line 1   | 34   |     | X  |  |  |  |  |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | X  |  |  |  |  |
| 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       |  |      |     |    |  |  |  |  |
|          | If "Yes," complete Schedule R, Part V, line 2  |      |     |    |  |  |  |  |
| 37       |  |      |     |    |  |  |  |  |
| 00       | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>   |      |     |    |  |  |  |  |
| 38       | Note: All Form 990 filers are required to complete Schedule O  |      |     |    |  |  |  |  |
| Pa       | rt V Statements Regarding Other IRS Filings and Tax Compliance   | 30   | X   |    |  |  |  |  |
|          | Check if Schedule O contains a response or note to any line in this Part V   |      |     |    |  |  |  |  |
|          |  |      | Yes | No |  |  |  |  |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2  |      |     |    |  |  |  |  |
|          | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |      |     |    |  |  |  |  |
| -        | Did the exception comply with body with body a with body and the few concreteble compares to you down and we particular and the body of the section of the body of |      |     |    |  |  |  |  |

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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| Form | 990 (2020) MANY HOPES, INC. 39-206750   | 2   | Р   | <sub>age</sub> 5 |
|------|---|-----|-----|------------------|
| Par  | TV Statements Regarding Other IRS Filings and Tax Compliance (continued)  |     | -   |                  |
|      |   |     | Yes | No               |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |     |     |                  |
|      | filed for the calendar year ending with or within the year covered by this return 2a 2  |     |     |                  |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b  |     | x                |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                                |     |     |                  |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | x                |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                     | 3b  |     |                  |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |     |     |                  |
|      | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a  |     | x                |
| b    | If "Yes," enter the name of the foreign country   |     |     |                  |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |     |     |                  |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | x                |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b  |     | x                |
| с    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |                  |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |     |     |                  |
|      | any contributions that were not tax deductible as charitable contributions?   | 6a  |     | x                |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |     |     |                  |
|      | were not tax deductible?  | 6b  |     |                  |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |     |     |                  |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a  |     | x                |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  |     |                  |
| с    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |     |     |                  |
|      | to file Form 8282?  | 7c  |     | x                |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |     |     |                  |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e  |     |                  |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f  |     |                  |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                | 7g  |     |                  |
| -    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h  |     |                  |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |     |     |                  |
|      | sponsoring organization have excess business holdings at any time during the year?  | 8   |     |                  |
| 9    | Sponsoring organizations maintaining donor advised funds.   |     |     |                  |
| а    | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |                  |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |                  |
| 10   | Section 501(c)(7) organizations. Enter:   |     |     |                  |
| а    | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |     |                  |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |     |     |                  |
| 11   | Section 501(c)(12) organizations. Enter:  |     |     |                  |
| а    | Gross income from members or shareholders   |     |     |                  |
|      | Gross income from other sources (Do not net amounts due or paid to other sources against  |     |     |                  |
|      | amounts due or received from them.)   |     |     |                  |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a |     |                  |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |     |     |                  |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |                  |
| а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |                  |
|      | Note: See the instructions for additional information the organization must report on Schedule O.   |     |     |                  |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the  |     |     |                  |
|      | organization is licensed to issue qualified health plans  |     |     |                  |
| с    | Enter the amount of reserves on hand  |     |     |                  |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | х                |
|      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                       | 14b |     |                  |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                   |     |     |                  |
|      | excess parachute payment(s) during the year?  | 15  |     | x                |
|      | If "Yes," see instructions and file Form 4720, Schedule N.  |     |     |                  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                 | 16  |     | x                |
|      | If "Yes," complete Form 4720, Schedule O.   |     |     |                  |
|      |   |     | 000 |                  |

Form **990** (2020)

|     | 990 (2020) MANY HOPES, INC.   |                         |                  | 067502      |       | P       | age <b>6</b> |
|-----|---|-------------------------|------------------|-------------|-------|---------|--------------|
| Pa  | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr                                    |                         |                  | d for a "N  | o" re | spons   | e            |
|     | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.                        | See ir                  | structions.      |             |       |         |              |
|     | Check if Schedule O contains a response or note to any line in this Part VI   |                         |                  |             |       |         | X            |
| Sec | tion A. Governing Body and Management   |                         |                  |             |       |         |              |
|     |   |                         |                  | _           |       | Yes     | No           |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a                      |                  | 7           |       |         |              |
|     | 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                      |                  | 7           |       |         |              |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with a                  | ny other         |             |       |         |              |
|     | officer, director, trustee, or key employee?  |                         |                  | L           | 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?                           |                         |                  | L           | 3     |         | Х            |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 99                  | 90 was                  | filed?           | L           | 4     | х       |              |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's asse               | ets?                    |                  | L           | 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 app                   | point c                 | ne 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, sto                 |                         |                  |             |       |         |              |
|     | persons other than the governing body?  |                         |                  |             | 7b    |         | х            |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |                         |                  |             |       |         |              |
| 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 reac            |                         |                  |             |       |         |              |
|     | 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 Rev                 | renue                   | Code.)           |             |       |         |              |
|     |   |                         | ,                |             |       | Yes     | No           |
| 10a | Did the organization have local chapters, branches, or affiliates?  |                         |                  | [·          | l0a   |         | Х            |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such cha              | apters,                 | affiliates,      |             |       |         |              |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                       |                         |                  | L           | 0b    |         |              |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   | befor                   | e filing the for | m? -        | l1a   | 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                               |                         |                  | [.          | l2a   | х       |              |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |                         |                  |             | 2b    | х       |              |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye                | es," de                 | scribe           |             |       |         |              |
|     | in Schedule O how this was done   | · · · · · · · · · · · · |                  | [.          | l2c   | х       |              |
| 13  | Did the organization have a written whistleblower policy?   |                         |                  | L           | 13    |         | Х            |
| 14  | Did the organization have a written document retention and destruction policy?  |                         |                  | L           | 14    | х       |              |
| 15  | Did the process for determining compensation of the following persons include a review and approval                   | by inc                  | lependent        |             |       |         |              |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |                         |                  |             |       |         |              |
| а   | The organization's CEO, Executive Director, or top management official  |                         |                  | [·          | l5a   |         | Х            |
| b   | Other officers or key employees of the organization   |                         |                  | [·          | 5b    |         | 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 arrangem           | ent wi                  | th a             |             |       |         |              |
|     | taxable entity during the year?   |                         |                  | [·          | l6a   |         | Х            |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate            | e its pa                | articipation     |             |       |         |              |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi                | zation                  | s                |             |       |         |              |
|     | exempt status with respect to such arrangements?  |                         |                  | ·           | 6b    |         |              |
| Sec | tion C. Disclosure  |                         |                  |             |       |         |              |
| 17  | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MY, MA, CA           |                         |                  |             |       |         |              |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an                 | d 990-                  | T (Section 50    | 01(c)(3)s c | only) | availal | ble          |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                   |                         |                  |             |       |         |              |
|     | X         Own website         X         Upon request         Other (explain   |                         | ,                |             |       |         |              |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor                    | nflict o                | f interest poli  | cy, and fi  | nanc  | 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 book                     | ks and                  | records          | ·           |       |         |              |
|     | BECKY WELDAY - 210-262-6112   |                         |                  |             |       |         |              |
|     | 85 PARKWAY ROAD #2, BRONXVILLE, NY 10708  |                         |                  |             |       |         |              |

| Form 990 (2020)                           | MANY HOPES, INC.   | 39-2067502   | Page 7        |  |  |  |  |  |  |
|---|--|--|---------------|--|--|--|--|--|--|
| Part VII Compens                          | Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated |  |               |  |  |  |  |  |  |
| Employee                                  | es, and Independent Contractors  |  |               |  |  |  |  |  |  |
| Check if Sch                              | edule O contains a response or note to any line in this Part VII                           |  |               |  |  |  |  |  |  |
| Section A. Officers, D                    | irectors, Trustees, Key Employees, and Highest Compensate                                  | d Employees  |               |  |  |  |  |  |  |
| 1a Complete this table f                  | or all persons required to be listed. Report compensation for the                          | calendar year ending with or within the organization | ı's tax year. |  |  |  |  |  |  |
| <ul> <li>List all of the organ</li> </ul> | nization's current officers, directors, trustees (whether individual                       | s or organizations), regardless of amount of compen  | isation.      |  |  |  |  |  |  |
| Enter -0- in columns (D), (               | (E), and (F) if no compensation was paid.  |  |               |  |  |  |  |  |  |
| <ul> <li>List all of the organ</li> </ul> | nization's current key employees, if any. See instructions for def                         | inition 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 nor any related organization compensated any current officer, director, or trustee.

| (A)                 | (B)                    | (C)                            |   | (D)         | (E)          | (F)                             |           |                 |                 |                              |
|---------------------|------------------------|--------------------------------|---|-------------|--------------|---------------------------------|-----------|-----------------|-----------------|------------------------------|
| Name and title      | Average                | (do                            | Position  |             | Reportable   | Reportable                      | Estimated |                 |                 |                              |
|                     | hours per              | box                            | (do not check more than one box, unless person is both an |             | compensation | compensation                    | amount of |                 |                 |                              |
|                     | week                   |                                | cer ar<br>I   | nd a d<br>I | lirecto      | or/trus                         | tee)      | from            | from related    | other                        |
|                     | (list any              | ector                          |   |             |              |                                 |           | the             | organizations   | compensation                 |
|                     | hours for              | or dir                         | e   |             |              | ated                            |           | organization    | (W-2/1099-MISC) | from the                     |
|                     | related                | ustee                          | truste  |             | e            | pens                            |           | (W-2/1099-MISC) |                 | organization                 |
|                     | organizations<br>below | ual tr                         | tional  |             | n ploye      | t com                           |           |                 |                 | and related<br>organizations |
|                     | line)                  | Individual trustee or director | Institutional trustee                                     | Officer     | Key employee | Highest compensated<br>employee | Former    |                 |                 | organizations                |
| (1) MAXINE FRIEDMAN | 4.00                   |                                |   |             | -            |                                 | <u> </u>  |                 |                 |                              |
| PRESIDENT           |                        | х                              |   |             |              |                                 |           | 0.              | 0.              | 0.                           |
| (2) BECKY WELDAY    | 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) NELSON MILLS    | 4.00                   |                                |   |             |              |                                 |           |                 |                 |                              |
| DIRECTOR            |                        | Х                              |   |             |              |                                 |           | 0.              | ٥.              | 0.                           |
| (6) JOSEPH ZITO     | 4.00                   |                                |   |             |              |                                 |           |                 |                 |                              |
| DIRECTOR            |                        | Х                              |   |             |              |                                 |           | 0.              | 0.              | 0.                           |
| (7) JOSEPH MCKNIGHT | 4.00                   |                                |   |             |              |                                 |           |                 |                 |                              |
| DIRECTOR            |                        | Х                              |   |             |              |                                 |           | 0.              | 0.              | 0.                           |
| (8) THOMAS KEOWN    | 50.00                  |                                |   |             |              |                                 |           |                 |                 |                              |
| FOUNDER             |                        | Х                              |   |             |              |                                 |           | 0.              | 0.              | 0.                           |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 | -         |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |
|                     |                        |                                |   |             |              |                                 |           |                 |                 |                              |

|   | MANY HOPES,            | INC.   |                                |                       |   |                         |                                 |           |   | 39-20   | 6750   | 2               | P  | age <b>8</b>   |
|---|------------------------|--|--------------------------------|-----------------------|---|-------------------------|---------------------------------|-----------|---|---|--------|-----------------|--|----------------|
| Part VII Section A. Officers  | Directors, Trus        | tees, Key Emp  | ploy                           | ees,                  | and   | l Hig                   | ghes                            | st C      | ompensated Employee                       | s (continued)   |        |                 |  |                |
| <b>(A)</b><br>Name and title  |                        | (B)<br>Average<br>hours per<br>week                                  | box<br>offi                    | not c<br>, unle       | Positive<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finance<br>finan | ition<br>more<br>rson i | than o<br>s both                | n an      | (D)<br>Reportable<br>compensation<br>from | <b>(E)</b><br>Reportable<br>compensatic<br>from related | on     | an              | (F)<br>stimate<br>nount<br>other               | of             |
|   |                        | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer   | Key employee            | Highest compensated<br>employee | Former    | the<br>organization<br>(W-2/1099-MISC)    | organization<br>(W-2/1099-MIS                           |        | fr<br>org<br>an | pensa<br>om th<br>anizat<br>d relat<br>anizati | e<br>ion<br>ed |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  | -                              |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  | -                              |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           | 0.  |   | ٥.     |                 |  | 0.             |
| c Total from continuation s   |                        | I, Section A   |                                |                       |   |                         |                                 |           | 0.  |   | 0.     |                 |  | 0.             |
| <ul> <li>d Total (add lines 1b and 1)</li> <li>2 Total number of individuals</li> </ul> |                        | ot limited to th   |                                |                       |   |                         | <br>a) wh                       | ►<br>0 re |   | 000 of reportable                                       | 0.     |                 |  | 0.             |
| compensation from the or  |                        |  |                                |                       |   |                         | ,                               |           |   |   | -      |                 |  | 0              |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   | ,      |                 | Yes  | No             |
| 3 Did the organization list ar  |                        |  |                                |                       |   |                         |                                 |           |   |   |        | •               |  | x              |
| line 1a? <i>If</i> "Yes," <i>complete</i><br>4 For any individual listed or             | Schedule J for s       | uch individual<br>up of reportabl                                    | <br>A CO                       |                       | <br>anca  | <br>tion                | and                             |           | ner compensation from t                   | he organization   |        | 3               |  | ^              |
| and related organizations   |                        |  |                                |                       |   |                         |                                 |           |   |   |        | 4               |  | х              |
| 5 Did any person listed on li   | ne 1a receive or a     | accrue comper  | nsati                          | on fi                 | rom   | any                     | unre                            | elate     | ed organization or individ                | dual for services                                       |        |                 |  |                |
| rendered to the organization<br>Section B. Independent Control                          |                        | plete Schedule   | e J fo                         | or si                 | ıch r   | oers                    | on .                            |           |   |   |        | 5               |  | Х              |
| 1 Complete this table for you   |                        | mpensated inc  | lepe                           | nde                   | nt co   | ontra                   | actor                           | rs th     | hat received more than \$                 | 100,000 of comp   | censat | tion fro        | om   |                |
| the organization. Report c  |                        | the calendar ye  | ear e                          | endir                 | ng w  | ith c                   | or wi                           | thin      |   | ear.  |        | 10              |  |                |
| Na  | (A)<br>me and business | address  | NO                             | NE                    |   |                         |                                 |           | (B)<br>Description of s                   | ervices   | C      | ompe)           |  | n              |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
|   |                        |  |                                |                       |   |                         |                                 |           |   |   |        |                 |  |                |
| 2 Total number of independer<br>\$100,000 of compensation                               |                        | •  | ot lin                         | nited                 | d to f  |                         | se lis<br>0                     | ted       | above) who received mo                    | ore than  |        |                 |  |                |

|   | 1 990 (i       |   |          | ES, INC    | •        |                       |                             |  | 39-206750                                   | 2 Page <b>9</b>  |
|---|----------------|---|----------|------------|----------|-----------------------|-----------------------------|--|---|--|
| Pa  | rt VII         | Statement of Re   | evenu    | le         |          |                       |                             |  |   |  |
|   |                | Check if Schedule O   | contai   | ns a respo | onse o   | or note to any line   |                             | (B)  | (0)   |  |
|   |                |   |          |            |          |                       | <b>(A)</b><br>Total revenue | (D)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| ts<br>ts  | 1 a            | Federated campaigns   |          | 1a         |          |                       |                             |  |   |  |
| iran  | b              | •• • • • •  |          |            |          |                       |                             |  |   |  |
| s, G  | с              | Fundraising events  |          |            |          |                       |                             |  |   |  |
| Gift<br>lar   | d              | Related organizations   |          | 1d         |          |                       |                             |  |   |  |
| ns,<br>Simi   | е              | Government grants (conti  |          |            |          |                       |                             |  |   |  |
| utio<br>er S  | f              | All other contributions, gifts,                                 |          |            |          | 1 242 270             |                             |  |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | -              | similar amounts not included                                    |          |            | <u></u>  | 1,343,270.<br>25,431. |                             |  |   |  |
| hou   | g              | Noncash contributions included in <b>Total.</b> Add lines 1a-1f |          |            |          |                       | 1,343,270.                  |  |   |  |
| 0 0   |                | I Utal. Adu Imes Ta-TT  |          | <u></u>    |          | Business Code         | 1,010,170.                  |  |   |  |
| e   | 2 a            |   |          |            |          |                       |                             |  |   |  |
| , vic   | b              |   |          |            |          |                       |                             |  |   |  |
| Sei   | с              |   |          |            |          |                       |                             |  |   |  |
| am  | d              |   |          |            |          |                       |                             |  |   |  |
| Program Service<br>Revenue                                | е              |   |          |            |          |                       |                             |  |   |  |
| Ā   | f              | All other program service                                       |          |            |          |                       |                             |  |   |  |
|   | g              |   |          |            |          |                       |                             |  |   |  |
|   | 3              | Investment income (inclue                                       |          |            |          |                       | 23,694.                     | 23,694.                                      |   |  |
|   | 4              | other similar amounts)<br>Income from investment of             |          |            |          |                       | ,                           |  |   |  |
|   | 5              | Royalties   |          | -          |          |                       |                             |  |   |  |
|   | •              |   |          | (i) Rea    |          | (ii) Personal         |                             |  |   |  |
|   | 6 a            | Gross rents   | 6a       |            |          |                       |                             |  |   |  |
|   | b              | Less: rental expenses   | 6b       |            |          |                       |                             |  |   |  |
|   | с              | Rental income or (loss)   | 6c       |            |          |                       |                             |  |   |  |
|   | d              | Net rental income or (loss                                      | s)       |            |          |                       |                             |  |   |  |
|   | 7 a            | Gross amount from sales of                                      |          | (i) Securi |          | (ii) Other            |                             |  |   |  |
|   |                | assets other than inventory                                     | 7a       | 412,       | 930.     |                       |                             |  |   |  |
| đ   | b              | Less: cost or other basis                                       | 7b       | 387,       | 616      |                       |                             |  |   |  |
| nue   | ~              | and sales expenses<br>Gain or (loss)                            |          |            | 314.     |                       |                             |  |   |  |
| Revenue   |                | Net gain or (loss)  |          |            |          |                       | 25,314.                     | 25,314.                                      |   |  |
| erF   |                | Gross income from fundraisi                                     |          |            |          |                       | ,                           | ,  |   |  |
| Other   |                | including \$  | -        | -          |          |                       |                             |  |   |  |
|   |                | contributions reported on                                       | n line 1 | c). See    |          |                       |                             |  |   |  |
|   |                | Part IV, line 18  |          |            |          |                       |                             |  |   |  |
|   |                | Less: direct expenses   |          |            |          |                       |                             |  |   |  |
|   |                | Net income or (loss) from                                       |          |            |          | 🕨                     |                             |  |   |  |
|   | 9 a            | Gross income from gamir   |          |            |          |                       |                             |  |   |  |
|   | h              | Part IV, line 19  |          |            |          |                       |                             |  |   |  |
|   |                | Less: direct expenses<br>Net income or (loss) from              |          |            |          |                       |                             |  |   |  |
|   |                | Gross sales of inventory,                                       | -        | -          | <u> </u> |                       |                             |  |   |  |
|   |                | and allowances  |          |            | 10a      |                       |                             |  |   |  |
|   | b              | Less: cost of goods sold  |          |            |          |                       |                             |  |   |  |
|   |                | Net income or (loss) from                                       |          |            |          | <b>&gt;</b>           |                             |  |   |  |
| ω   |                |   |          |            |          | Business Code         |                             |  |   |  |
| Miscellaneous<br>Revenue                                  | 11 a           |   |          |            |          |                       |                             |  | ļ   |  |
| lane  | b              |   |          |            |          |                       |                             |  |   |  |
| Scel  | c              |   |          |            |          |                       |                             |  |   |  |
| Mis   | d              | All other revenue   |          |            |          |                       |                             |  |   |  |
|   | <u>е</u><br>12 | Total. Add lines 11a-11d<br>Total revenue. See instruction      |          |            |          | ····· •               | 1,392,278.                  | 49,008.                                      | 0.  | 0.   |
|   | 16             |   |          |            |          |                       |                             |  |   |  |

### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 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 16 716,944. 716,944. Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 151,579. 30,315. Other salaries and wages 60,632. 60,632. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 11,234. 2,246. 4,494 4,494. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 7,000. 7,000. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 15,089. 15,089. f Other. (If line 11g amount exceeds 10% of line 25, g 299,865 299,865 column (A) amount, list line 11g expenses on Sch 0.) 9,239 9,239. Advertising and promotion 12 96,277. 26,265. 37,560. 32,452. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 3,029. 2,013. 290 726. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 4,124. 4,124 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) EVENTS 2,571. 2,571. а b С d All other expenses е 1,316,951 777,783 429,054 110,114. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

| Form 990 ( | 2020)         | MANY | HOPES, | INC. |
|------------|---------------|------|--------|------|
| Part X     | Balance Sheet |      |        |      |

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

|                             |          |   | (A)<br>Beginning of year |          | <b>(B)</b><br>End of year               |
|-----------------------------|----------|---|--------------------------|----------|---|
|                             | 1        | Cash - non-interest-bearing   | 74,151.                  | 1        | 368,499.                                |
|                             | 2        | Savings and temporary cash investments  |                          | 2        | 34,322.                                 |
|                             | 3        | Pledges and grants receivable, net  |                          | 3        | · · · · · ·                             |
|                             | 4        | Accounts receivable, net  |                          | 4        |   |
|                             | 5        | Loans and other receivables from 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  |                          | 5        |   |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined   |                          |          |   |
|                             |          | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                                       |                          | 6        |   |
| 6                           | 7        | Notes and loans receivable, net   |                          | 7        |   |
| sets                        | 8        | Inventories for sale or use   |                          | 8        |   |
|                             | 9        | Prepaid expenses and deferred charges   | 10 207                   | 9        | 1,185.                                  |
|                             |          | Land, buildings, and equipment: cost or other   | , , ,                    | Ŭ        | , -                                     |
|                             | lou      | basis. Complete Part VI of Schedule D 10a   |                          |          |   |
|                             | h        | Less: accumulated depreciation 10b  |                          | 10c      |   |
|                             | 11       | Investments - publicly traded securities  | 1,417,856.               | 11       | 1,582,737.                              |
|                             | 12       | Investments - other securities. See Part IV, line 11  |                          | 12       | _,,                                     |
|                             | 13       | Investments - program-related. See Part IV, line 11   |                          | 13       |   |
|                             | 14       |   |                          | 14       |   |
|                             | 15       | Intangible assets   |                          | 15       |   |
|                             | 16       | Other assets. See Part IV, line 11  |                          | 16       | 1,986,743.                              |
|                             | 17       | Total assets. Add lines 1 through 15 (must equal line 33)   |                          | 17       | 4,800.                                  |
|                             | 18       | Accounts payable and accrued expenses   |                          | 18       | 1,000.                                  |
|                             | 19       | Grants payable  |                          | 19       |   |
|                             | 20       | Deferred revenue  |                          | 20       |   |
|                             | 20       | Tax-exempt bond liabilities<br>Escrow or custodial account liability. Complete Part IV of Schedule D            |                          | 20       |   |
|                             | 21       | Loans and other payables to any current or former officer, director,  |                          | 21       |   |
| ies                         | 22       |   |                          |          |   |
| Liabilities                 |          | trustee, key employee, creator or founder, substantial contributor, or 35%                                      |                          | 22       |   |
| Lial                        | 00       | controlled entity or family member of any of these persons  |                          | 22       |   |
|                             | 23       | Secured mortgages and notes payable to unrelated third parties  |                          | 23       |   |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties  |                          | 24       |   |
|                             | 25       | Other liabilities (including federal income tax, payables to related third                                      |                          |          |   |
|                             |          | parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D                      |                          | 25       |   |
|                             | 26       |   | 27 667                   | 25<br>26 | 4,800.                                  |
|                             | 20       | Iotal liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here         X |                          | 20       | 1,000.                                  |
| ŝ                           |          |   |                          |          |   |
| лç                          | 07       | and complete lines 27, 28, 32, and 33.  | 1,800,741.               | 27       | 1,981,943.                              |
| ala                         | 27<br>28 | Net assets with donor restrictions  |                          | 28       | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| щр                          | 20       | Net assets with donor restrictions<br>Organizations that do not follow FASB ASC 958, check here                 | ······                   | 20       |   |
| 'n                          |          | -   |                          |          |   |
| Net Assets or Fund Balances | 20       | and complete lines 29 through 33.   |                          | 29       |   |
| ets                         | 29       | Capital stock or trust principal, or current funds  |                          | 30       |   |
| SSE                         | 30       | Paid-in or capital surplus, or land, building, or equipment fund  |                          | 30       |   |
| ∋t A                        | 31       | Retained earnings, endowment, accumulated income, or other funds  |                          |          | 1,981,943.                              |
| ž                           | 32       | Total net assets or fund balances   |                          | 32       | 1,986,743.                              |
|                             | 33       | Total liabilities and net assets/fund balances  |                          | 33       | Eorm <b>990</b> (2020)                  |

Form **990** (2020)

| Form | 990 (2020) MANY HOPES, INC.  | 39-2067502 | 2       | Pa   | <sub>ge</sub> 12 |
|------|--|------------|---------|------|------------------|
|      | rt XI 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,      | 392, | 278.             |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 1,      | 316, | 951.             |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3          |         | 75,  | 327.             |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                            | 4          | 1,      | 800, | 741.             |
| 5    | Net unrealized gains (losses) on investments   | 5          |         | 105, | 875.             |
| 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          |         |      | ٥.               |
| 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,      | 981, | 943.             |
| Pa   | rt XII Financial Statements and Reporting  |            |         |      |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |            | <u></u> |      |                  |
|      |  | r          |         | 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 C     | ).         |         |      |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                      |            | 2a      |      | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed      | on a       |         |      |                  |
|      | separate basis, consolidated basis, or both:   |            |         |      |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |            |         |      |                  |
| b    | Were the organization's financial statements audited by an independent accountant?                                   |            | 2b      | X    |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate     | basis,     |         |      |                  |
|      | consolidated basis, or both:   |            |         |      |                  |
|      | X Separate basis Consolidated basis Both consolidated and separate basis   |            |         |      |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   |            |         |      |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                       | ·····      | 2c      | X    |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche   |            |         |      |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | le Audit   |         |      |                  |
|      | Act and OMB Circular A-133?  |            | 3a      |      | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require |            |         |      | 1                |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                             |            | 3b      | 000  |                  |

Form **990** (2020)

| SCHEDULE A | ١ |
|------------|---|
|------------|---|

(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.

| OMB No. 1545-0047 |
|-------------------|
| 2020              |
| Open to Public    |

|           | Department of the Treasury<br>Iternal Revenue Service     Attach to Form 990 or Form 990-EZ.     Open to<br>Inspective |  |                       |                       |  |
|-----------|--|--|-----------------------|-----------------------|--|
| Name of   | the organizati   |  | Employer              | identification number |  |
|           |  | MANY HOPES, INC.   |                       | 39-2067502            |  |
| Part I    | Reason   | for Public Charity Status. (All organizations must complete this part.) See instruction  | ns.                   |                       |  |
| The organ |  | private foundation because it is: (For lines 1 through 12, check only one box.)  |                       |                       |  |
| 1         | A church, co   | nvention of churches, or association of churches described in section 170(b)(1)(A)(i).   |                       |                       |  |
| 2         | A school des   | cribed 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).  |                       |                       |  |
| 4         | A medical res  | search organization operated in conjunction with a hospital described in section 170(b)(1)(A   | <b>(iii).</b> Enter t | he hospital's name,   |  |
|           | city, and stat   | e:   |                       |                       |  |
| 5         | An organizati  | on operated for the benefit of a college or university owned or operated by a governmental u   | init describe         | d in                  |  |
|           | section 170  | (b)(1)(A)(iv). (Complete Part II.)   |                       |                       |  |
| 6 🔛       | A federal, sta   | te, or local government or governmental unit described in section 170(b)(1)(A)(v).   |                       |                       |  |
| 7 X       | An organizati  | on that normally receives a substantial part of its support from a governmental unit or from t   | he general p          | ublic described in    |  |
|           | section 170(   | b)(1)(A)(vi). (Complete Part II.)  |                       |                       |  |
| 8         | A community  | trust described in section 170(b)(1)(A)(vi). (Complete Part II.)   |                       |                       |  |
| 9         | An agricultur  | al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a  | a land-grant o        | college               |  |
|           | or university  | or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of  | the college           | or                    |  |
|           | university:  |  |                       |                       |  |
| 10        | •  | on that normally receives (1) more than 33 1/3% of its support from contributions, membersh  | •                     | •                     |  |
|           |  | ted to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it   |                       | •                     |  |
|           |  | inrelated business taxable income (less section 511 tax) from businesses acquired by the or  | ganization af         | ter June 30, 1975.    |  |
|           |  | 509(a)(2). (Complete Part III.)  |                       |                       |  |
|           | •  | on organized and operated exclusively to test for public safety. See section 509(a)(4).  |                       |                       |  |
| 12        | -  | on organized and operated exclusively for the benefit of, to perform the functions of, or to ca  | •                     | -                     |  |
|           | . ,  | v supported organizations described in section 509(a)(1) or section 509(a)(2). See section   |                       | neck the box in       |  |
| a [       | 7  | bugh 12d that describes the type of supporting organization and complete lines 12e, 12f, and<br>upporting organization operated, supervised, or controlled by its supported organization(s), t |                       | iving                 |  |
| a         |  | ted organization(s) the power to regularly appoint or elect a majority of the directors or truste  |                       | •                     |  |
|           |  | n. You must complete Part IV, Sections A and B.  |                       | oporting              |  |
| b         | ¬ ~  | supporting organization supervised or controlled in connection with its supported organization   | on(s) by havi         | na                    |  |
| ~ _       |  | nanagement of the supporting organization vested in the same persons that control or mana  |                       | •                     |  |
|           |  | n(s). You must complete Part IV, Sections A and C.   | ge the capp           |                       |  |
| c         | ¬ ~  | inctionally integrated. A supporting organization operated in connection with, and functional  | ally integrated       | d with.               |  |
|           |  | ed 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) d 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 е functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

| g Provide the following information | about the supporte | d organization(s).                                    |                                     |                  |                            |                            |
|-------------------------------------|--------------------|---|-------------------------------------|------------------|----------------------------|----------------------------|
| (i) Name of supported               | (ii) EIN           | (iii) Type of organization                            | (iv) Is the orga<br>in your governi | anization listed | (v) Amount of monetary     | (vi) Amount of other       |
| organization                        |                    | (described on lines 1-10<br>above (see instructions)) | Yes                                 | No               | support (see instructions) | support (see instructions) |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
|                                     |                    |   |                                     |                  |                            |                            |
| Total                               |                    |   |                                     |                  |                            |                            |

## Schedule A (Form 990 or 990-EZ) 2020 MANY HOPES, INC.

39-2067502

Page **2** 

 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) 2016             | <b>(b)</b> 2017    | (c) 2018            | <b>(d)</b> 2019    | (e) 2020             | <b>(f)</b> Total                       |
| 1           | Gifts, grants, contributions, and            |                      |                    |                     |                    |                      |  |
|             | membership fees received. (Do not            |                      |                    |                     |                    |                      |  |
|             | include any "unusual grants.")               | 1,271,429.           | 1,277,324.         | 1,147,421.          | 1,010,576.         | 1,343,220.           | 6,049,970.                             |
| 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                 | 1,271,429.           | 1,277,324.         | 1,147,421.          | 1,010,576.         | 1,343,220.           | 6,049,970.                             |
| 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. |                      |                    |                     |                    |                      | 6,049,970.                             |
|             | ction B. Total Support                       |                      |                    | •                   |                    |                      |  |
| Cale        | ndar year (or fiscal year beginning in) 🕨    | (a) 2016             | <b>(b)</b> 2017    | (c) 2018            | (d) 2019           | (e) 2020             | (f) Total                              |
| 7           | Amounts from line 4                          | 1,271,429.           | 1,277,324.         | 1,147,421.          | 1,010,576.         | 1,343,220.           | 6,049,970.                             |
| 8           | Gross income from interest,                  |                      |                    |                     |                    |                      |  |
|             | dividends, payments received on              |                      |                    |                     |                    |                      |  |
|             | securities loans, rents, royalties,          |                      |                    |                     |                    |                      |  |
|             | and income from similar sources              | 11,536.              | 11,237.            | 10,561.             | 23,952.            | 23,694.              | 80,980.                                |
| 9           | Net income from unrelated business           | ,                    | ,                  | ,                   | · · ·              | ,                    |  |
| -           | activities, whether or not the               |                      |                    |                     |                    |                      |  |
|             | business is regularly carried on             |                      |                    |                     |                    |                      |  |
| 10          | Other income. Do not include gain            |                      |                    |                     |                    |                      |  |
| 10          | or loss from the sale of capital             |                      |                    |                     |                    |                      |  |
|             | assets (Explain in Part VI.)                 |                      |                    |                     |                    |                      |  |
| 44          | Total support. Add lines 7 through 10        |                      |                    |                     |                    |                      | 6,130,950.                             |
|             | Gross receipts from related activities,      | etc (see instruction | ne)                |                     |                    | 12                   | -,                                     |
|             | First 5 years. If the Form 990 is for th     | •                    | ,                  | with or fifth tax v | ar as a section 50 |                      |  |
| 10          | organization, check this box and stop        | -                    |                    | •                   |                    |                      |  |
| Sec         | ction C. Computation of Publi                | c Support Perc       | centage            |                     |                    |                      |  |
|             | Public support percentage for 2020 (li       |                      |                    | olumn (f))          |                    | 14                   | 98.68 %                                |
|             | Public support percentage from 2019          |                      | •                  | (77)                |                    | 15                   | 98.90 %                                |
|             | <b>33 1/3% support test - 2020.</b> If the c |                      |                    |                     |                    |                      |  |
|             | stop here. The organization qualifies        |                      |                    |                     |                    |                      | ► X                                    |
| b           | <b>33 1/3% support test - 2019.</b> If the c | • • • • •            | -                  |                     |                    |                      | ······································ |
|             | and <b>stop here.</b> The organization qual  |                      |                    | •                   |                    |                      |  |
| <b>1</b> 7a | 10% -facts-and-circumstances test            |                      | •••                |                     |                    | und line 14 is 10% o |  |
|             | and if the organization meets the facts      |                      |                    |                     |                    |                      |  |
|             | meets the facts-and-circumstances te         |                      |                    | -                   | -                  |                      |  |
| h           | 10% -facts-and-circumstances test            | -                    |                    | • • • •             |                    | 7a and line 15 is 1  | ► 📖                                    |
| Ň           | more, and if the organization meets th       | -                    |                    |                     |                    |                      | 070 01                                 |
|             | organization meets the facts-and-circu       |                      |                    |                     |                    |                      |  |
| 10          | Private foundation. If the organizatio       |                      | •                  |                     |                    |                      |  |
| 10          | i male ioundation. Il the organizatio        | IT UIU HUL CHECK & L | on on nine 10, 10a | , 100, 178, 01 170, | LONGON LINS DUX al |                      | 🔽 🗖                                    |

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 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  |                 |                 |                       |          |          |               |
|-------------|--|-----------------|-----------------|-----------------------|----------|----------|---------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016 | (b) 2017        | (c) 2018              | (d) 2019 | (e) 2020 | ) (f) Total   |
| 1           | Gifts, grants, contributions, and  |                 |                 |                       |          |          |               |
|             | membership fees received. (Do not  |                 |                 |                       |          |          |               |
|             | include any "unusual grants.")   |                 |                 |                       |          |          |               |
| 2           | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                 |                 |                       |          |          |               |
| 3           | Gross receipts from activities that are not an unrelated trade or bus-   |                 |                 |                       |          |          |               |
|             | iness under section 513  |                 |                 |                       |          |          |               |
| 4           | Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                 |                 |                       |          |          |               |
|             | or expended on its behalf  |                 |                 |                       |          |          |               |
| 5           | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                 |                 |                       |          |          |               |
| 6           | Total. Add lines 1 through 5   |                 |                 |                       |          |          |               |
| 7a          | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                 |                 |                       |          |          |               |
| b           | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                 |                 |                       |          |          |               |
|             | Add lines 7a and 7b  |                 |                 |                       |          |          |               |
|             | Public support. (Subtract line 7c from line 6.)  |                 |                 |                       |          |          |               |
|             | ction B. Total Support   |                 |                 |                       |          |          |               |
|             | ndar year (or fiscal year beginning in) 🕨  | (a) 2016        | <b>(b)</b> 2017 | (c) 2018              | (d) 2019 | (e) 2020 | ) (f) Total   |
|             | Amounts from line 6  | (4) 2010        |                 | (0) 2010              |          |          |               |
|             | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                 |                 |                       |          |          |               |
| b           | Unrelated business taxable income  |                 |                 |                       |          |          |               |
|             | (less section 511 taxes) from businesses acquired after June 30, 1975  |                 |                 |                       |          |          |               |
| c           | Add lines 10a and 10b  |                 |                 |                       |          |          |               |
|             | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                 |                 |                       |          |          |               |
|             | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                 |                 |                       |          |          |               |
|             | Total support. (Add lines 9, 10c, 11, and 12.)   |                 | <u> </u>        | for the second second | <u> </u> |          |               |
| 14          | First 5 years. If the Form 990 is for th   | C C             |                 |                       |          |          |               |
| 800         |  |                 |                 |                       |          |          |               |
|             | ction C. Computation of Public   |                 |                 |                       |          | 1        |               |
|             | Public support percentage for 2020 (li   |                 | -               |                       |          | 15       | %             |
|             | Public support percentage from 2019  |                 |                 |                       |          | 16       | %             |
|             | ction D. Computation of Inves  |                 |                 |                       |          | 1        |               |
| 17          | Investment income percentage for 20  |                 |                 | ne 13, column (f))    |          | 17       | %             |
| 18          |  |                 |                 |                       |          | 18       | %             |
| <b>1</b> 9a | 33 1/3% support tests - 2020. If the   | -               |                 |                       |          |          | ine 17 is not |
| b           | more than 33 1/3%, check this box an <b>33 1/3% support tests - 2019.</b> If the   |                 |                 |                       |          |          | ►             |
|             | line 18 is not more than 33 1/3%, check  |                 |                 |                       |          |          |               |
| 20          | Private foundation. If the organizatio   |                 |                 |                       |          |          |               |

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

# Section A. All Supporting Organizations

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

Yes

No

|  |     | Yes | No |
|--|-----|-----|----|
| 1 Has the organization accepted a gift or contribution from any of the following persons?                                    |     |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and             |     |     |    |
| 11c below, the governing body of a supported organization?   | 11a |     |    |
| <b>b</b> A family member of a person described in line 11a above?  | 11b |     |    |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide         |     |     |    |
| detail in Part VI.   | 11c |     |    |
| ection B. Type I Supporting Organizations  |     |     |    |
|  |     | Yes | No |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or |     |     |    |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or     |
|---|--|
|   | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |
|   | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) |
|   | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
|   | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the       |
|   | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.               |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported                            |
|   | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                     |

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

| supervised   | l. or controlled the sup | porting organization. |
|--------------|--------------------------|-----------------------|
| Section C. T | ype II Supporting        | Organizations         |

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

| Section D. All T | ype III Supporting | Organizations |
|------------------|--------------------|---------------|
|                  |                    |               |

|   |  |   | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     |    |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.   | 3 |     |    |

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c 🗌 | ] The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see i | nstruction <u>s).</u> |
|-----|---|--|-----------------------|
|-----|---|--|-----------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **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.*

2a

2b

3a

3b

1

2

No

Yes No

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|--------------------------------------|------|--------|-----|
|--------------------------------------|------|--------|-----|

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 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 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 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 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) Aggregate fair market value of all non-exempt-use assets (see 1 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 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 6 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 7 instructions)

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| Par          | t v Type III Non-Functionally Integrated 509(a                 | a)(3) Supporting Orga             | nizations (continu                    | ied) |   |
|--------------|--|-----------------------------------|---------------------------------------|------|---|
| Secti        | on D - Distributions   |                                   |                                       | -    | Current Year                              |
| 1            | Amounts paid to supported organizations to accomplish exer     | mpt purposes                      |                                       | 1    |   |
| 2            | Amounts paid to perform activity that directly furthers exempt | t purposes of supported           |                                       |      |   |
|              | organizations, in excess of income from activity               |                                   |                                       | 2    |   |
| 3            | Administrative expenses paid to accomplish exempt purpose      | 5                                 | 3                                     |      |   |
| 4            | Amounts paid to acquire exempt-use assets                      |                                   |                                       | 4    |   |
| 5            | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in <b>Part VI</b> ) |                                       | 5    |   |
| 6            | Other distributions (describe in Part VI). See instructions.   |                                   |                                       | 6    |   |
| 7            | Total annual distributions. Add lines 1 through 6.             |                                   |                                       | 7    |   |
| 8            | Distributions to attentive supported organizations to which th | e organization is responsive      |                                       |      |   |
|              | (provide details in Part VI). See instructions.                |                                   |                                       | 8    |   |
| 9            | Distributable amount for 2020 from Section C, line 6           |                                   |                                       | 9    |   |
| 10           | Line 8 amount divided by line 9 amount                         |                                   |                                       | 10   |   |
| Secti        | on E - Distribution Allocations (see instructions)             | (i)<br>Excess Distributions       | (ii)<br>Underdistributior<br>Pre-2020 | IS   | (iii)<br>Distributable<br>Amount for 2020 |
| 1            | Distributable amount for 2020 from Section C, line 6           |                                   |                                       |      |   |
| 2            | Underdistributions, if any, for years prior to 2020 (reason-   |                                   |                                       |      |   |
|              | able cause required - explain in Part VI). See instructions.   |                                   |                                       |      |   |
| 3            | Excess distributions carryover, if any, to 2020                |                                   |                                       |      |   |
| <u>a</u>     | From 2015  |                                   |                                       |      |   |
| b            | From 2016  |                                   |                                       |      |   |
|              | From 2017  |                                   |                                       |      |   |
| d            | From 2018  |                                   |                                       |      |   |
| e            | From 2019  |                                   |                                       |      |   |
| f            | Total of lines 3a through 3e                                   |                                   |                                       |      |   |
|              | Applied to underdistributions of prior years                   |                                   |                                       |      |   |
| <u>h</u>     | Applied to 2020 distributable amount                           |                                   |                                       |      |   |
| <u>    i</u> | Carryover from 2015 not applied (see instructions)             |                                   |                                       |      |   |
| j_           | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         |                                   |                                       |      |   |
| 4            | Distributions for 2020 from Section D,                         |                                   |                                       |      |   |
|              | line 7: \$   |                                   |                                       |      |   |
|              | Applied to underdistributions of prior years                   |                                   |                                       |      |   |
|              | Applied to 2020 distributable amount                           |                                   |                                       |      |   |
|              | Remainder. Subtract lines 4a and 4b from line 4.               |                                   |                                       |      |   |
| 5            | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h       |                                   |                                       |      |   |
|              | and 4b from line 1. For result greater than zero, explain in   |                                   |                                       |      |   |
|              | Part VI. See instructions.                                     |                                   |                                       |      |   |
| 7            | Excess distributions carryover to 2021. Add lines 3j           |                                   |                                       |      |   |
|              | and 4c.  |                                   |                                       |      |   |
| 8            | Breakdown of line 7:   |                                   |                                       |      |   |
|              | Excess from 2016   |                                   |                                       |      |   |
|              | Excess from 2017 Excess from 2018                              |                                   |                                       |      |   |
|              | Excess from 2019   |                                   |                                       |      |   |
|              | Excess from 2020   |                                   |                                       |      |   |
|              |  |                                   |                                       |      |   |

Schedule A (Form 990 or 990-EZ) 2020

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

Department of the Treasury Internal Revenue Service

(Form 990)

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.



| Name | e of the organization<br>MANY HOPES, INC.  |  | Employer identification number<br>39-2067502 |
|------|--|--|--|
| Par  |  | Funds or Other Similar Funds               |  |
| Fai  |  |  | Son Accounts. Complete if the                |
|      | organization answered "Yes" on Form 990, Part IV, line   | a b. (a) Donor advised funds               | (b) Funds and other accounts                 |
|      |  | (a) Donor advised funds                    |  |
| 1    | Total number at end of year  |  |  |
| 2    | Aggregate value of contributions to (during year)  |  |  |
| 3    | Aggregate value of grants from (during year)   |  |  |
| 4    | Aggregate value at end of year   |  |  |
| 5    | Did the organization inform all donors and donor advisors in w   | -  |  |
| ~    | are the organization's property, subject to the organization's e   |  |  |
| 6    | Did the organization inform all grantees, donors, and donor ad   |  | -  |
|      | for charitable purposes and not for the benefit of the donor or impermissible private benefit?   |  |  |
| Par  | t II Conservation Easements. Complete if the orga  | anization answered "Yes" on Form 990       |  |
| 1    | Purpose(s) of conservation easements held by the organization  |  |  |
| •    | Preservation of land for public use (for example, recreati   |  | of a historically important land area        |
|      | Protection of natural habitat  |  | of a certified historic structure            |
|      | Preservation of open space   |  |  |
| 2    | Complete lines 2a through 2d if the organization held a qualifie   | 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 conservation easements   |  |  |
| b    | <u> </u>   |  |  |
| с    | Number of conservation easements on a certified historic strue   |  |  |
|      | Number of conservation easements included in (c) acquired af   |  |  |
|      | listed in the National Register  |  | 2d   |
| 3    | Number of conservation easements modified, transferred, rele   |  |  |
|      | year ►   |  |  |
| 4    | Number of states where property subject to conservation ease   | ement is located ►                         | _  |
| 5    | Does the organization have a written policy regarding the period   | odic monitoring, inspection, handling of   |  |
|      | violations, and enforcement of the conservation easements it I   | holds?                                     | Yes 🗌 No                                     |
| 6    | Staff and volunteer hours devoted to monitoring, inspecting, h   | andling of violations, and enforcing con   | servation easements during the year          |
|      | ▶  |  |  |
| 7    | Amount of expenses incurred in monitoring, inspecting, handli  | ing of violations, and enforcing conserva  | ation easements during the year              |
|      | ▶\$  |  |  |
| 8    | Does each conservation easement reported on line 2(d) above  |  |  |
|      | and section 170(h)(4)(B)(ii)?  |  | YesNo  |
| 9    | In Part XIII, describe how the organization reports conservation   |  |  |
|      | balance sheet, and include, if applicable, the text of the footno  | ote to the organization's financial statem | nents that describes the                     |
| Par  | organization's accounting for conservation easements. t III Organizations Maintaining Collections of   | Art Historical Traceuros or O              | ther Similar Accets                          |
| Fai  | Complete if the organization answered "Yes" on Form  |  | aller Sillina Assets.                        |
| 4-   |  |  | and belower about works                      |
| Та   | If the organization elected, as permitted under FASB ASC 958   |  |  |
|      | of art, historical treasures, or other similar assets held for publ<br>service, provide in Part XIII the text of the footnote to its finance | , ,  | •  |
| b    | If the organization elected, as permitted under FASB ASC 958   |  |  |
| b    | art, historical treasures, or other similar assets held for public (   | · · ·                                      |  |
|      | provide the following amounts relating to these items:   | exhibition, education, or research in full |  |
|      | (i) Revenue included on Form 990, Part VIII, line 1  |  | ▶ \$   |
|      |  |  |  |
| 2    | If the organization received or held works of art, historical trea   |  |  |
| -    | the following amounts required to be reported under FASB AS  |  | a gan, provido                               |
| а    | Revenue included on Form 990, Part VIII, line 1  | -  | ► \$   |
|      | Assets included in Form 990, Part X  |  |  |
|      | · · · · · · · · · · · · · · · · · · ·  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

| Sche   | dule D (Form 990) 2020 MANY HOPES   |  |                  |                    |                     |            |                      | 39-206        |                 | P                   | age <b>2</b> |
|--------|---|--|------------------|--------------------|---------------------|------------|----------------------|---------------|-----------------|---------------------|--------------|
| Par    | t III   Organizations Maintaining C   | ollections of Ar                       | t, Histor        | rical Tre          | asures, o           | r Othe     | r Simil              | ar Assets     | (conti          | nued)               |              |
| 3      | Using the organization's acquisition, accessi   | on, and other record                   | s, check a       | ny of the f        | ollowing that       | make s     | ignificar            | nt use of its |                 | ,                   |              |
|        | collection items (check all that apply):  |  |                  |                    |                     |            |                      |               |                 |                     |              |
| а      | Public exhibition   | c                                      | 1 🗌 Lo           | oan or exc         | hange progra        | am         |                      |               |                 |                     |              |
| b      | Scholarly research  | e                                      | e 🗌 O            | ther               |                     |            |                      |               |                 |                     |              |
| с      | Preservation for future generations   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| 4      | 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XI |  |                  |                    |                     |            | XIII.                |               |                 |                     |              |
| 5      | During the year, did the organization solicit of  | or receive donations of                | of art, histo    | orical treas       | sures, or othe      | er similaı | assets               |               | _               |                     | _            |
|        | to be sold to raise funds rather than to be ma  |  |                  |                    |                     |            |                      |               | Yes             |                     | No           |
| Par    | t IV Escrow and Custodial Arran   |  | ete if the o     | rganizatio         | n answered '        | 'Yes" or   | Form 9               | 90, Part IV,  | ine 9, or       |                     |              |
|        | reported an amount on Form 990, Pa  |  |                  |                    |                     |            |                      |               |                 |                     |              |
| 1a     | Is the organization an agent, trustee, custod   |  |                  |                    |                     |            |                      |               | -               | _                   | -            |
|        | on Form 990, Part X?  |  |                  |                    |                     |            |                      | L             | Yes             |                     | _ No         |
| b      | If "Yes," explain the arrangement in Part XIII  | and complete the fo                    | llowing tab      | ole:               |                     |            |                      |               |                 |                     |              |
|        |   |  |                  |                    |                     |            |                      |               | Amour           | <u>.t</u>           |              |
|        | Beginning balance   |  |                  |                    |                     |            |                      |               |                 |                     |              |
|        | Additions during the year   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| e      | Distributions during the year   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| T      | Ending balance  |  |                  |                    |                     |            | <b>1</b> f           |               | <b>X</b>        |                     |              |
|        | Did the organization include an amount on F<br>If "Yes," explain the arrangement in Part XIII.                                      |  |                  |                    |                     |            |                      | L             | Yes             |                     |              |
| Par    |   |  |                  |                    |                     |            |                      |               | <u></u>         |                     |              |
|        |   | (a) Current year                       |                  | or year            |                     |            |                      | e years back  |                 | r voare             | back         |
| 1a     | Beginning of year balance   | (a) Ourient year                       |                  | Ji yeai            |                     | 3 Dack     |                      | o yoars baok  | (e) 1 00        | i yoars             | Dack         |
| h      | Contributions   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| c<br>c | Net investment earnings, gains, and losses  |  |                  |                    |                     |            |                      |               |                 |                     |              |
| J<br>d | Grants or scholarships  |  |                  |                    |                     |            |                      |               |                 |                     |              |
| e      | Other expenditures for facilities   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| Ū      | and programs  |  |                  |                    |                     |            |                      |               |                 |                     |              |
| f      | Administrative expenses   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| g      | End of year balance   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| 2      | Provide the estimated percentage of the curr  |  | e (line 1a. )    | column (a)         | ) held as:          |            |                      |               |                 |                     |              |
| a      | Board designated or quasi-endowment   | ,                                      | %                |                    | ,                   |            |                      |               |                 |                     |              |
| b      | Permanent endowment   | %                                      |                  |                    |                     |            |                      |               |                 |                     |              |
| с      |   | %                                      |                  |                    |                     |            |                      |               |                 |                     |              |
|        | The percentages on lines 2a, 2b, and 2c sho   | uld equal 100%.                        |                  |                    |                     |            |                      |               |                 |                     |              |
| 3a     | Are there endowment funds not in the posse  |  | ation that a     | are held ar        | nd administer       | ed for th  | ne organ             | ization       |                 |                     |              |
|        | by:   |  |                  |                    |                     |            |                      |               |                 | Yes                 | No           |
|        | (i) Unrelated organizations   |  |                  |                    |                     |            |                      |               | 3a(i)           |                     |              |
|        | (ii) Related organizations  |  |                  |                    |                     |            |                      |               | 3a(ii)          |                     |              |
| b      | If "Yes" on line 3a(ii), are the related organization   |  |                  |                    |                     |            |                      |               | 3b              |                     |              |
| 4      | Describe in Part XIII the intended uses of the  |  | wment fur        | nds.               |                     |            |                      |               |                 |                     |              |
| Par    | t VI Land, Buildings, and Equipm  | ient.                                  |                  |                    |                     |            |                      |               |                 |                     |              |
|        | Complete if the organization answere  | d "Yes" on Form 990                    | ), Part IV, I    | ine 11a. S         | ee Form 990         | , Part X,  | line 10.             |               |                 |                     |              |
|        | Description of property   | <b>(a)</b> Cost or c<br>basis (investr |                  | .,                 | or other<br>(other) | • •        | ccumula<br>preciatio |               | ( <b>d)</b> Boo | <sup>,</sup> k valu | Ie           |
| 1a     | Land  |  |                  |                    |                     |            |                      |               |                 |                     |              |
|        | Buildings   |  |                  |                    |                     |            |                      |               |                 |                     |              |
|        | Leasehold improvements  |  |                  |                    |                     |            |                      |               |                 |                     |              |
|        | Equipment   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| e      | Other   |  |                  |                    |                     |            |                      |               |                 |                     |              |
| Tota   | . Add lines 1a through 1e. (Column (d) must e   | equal Form 990, Part                   | <u>X. column</u> | <u>(B). line 1</u> | 0c.)                |            |                      | 🕨             |                 |                     | 0.           |
|        |   |  |                  |                    |                     |            |                      | 0.1           | B (E            |                     | 1 0000       |

Schedule D (Form 990) 2020

| Camplete If the organization answered "Vest" on Form 980, Part X, line 12. (d) Nethod of valuation: Cost or and of year market value (1) Francial derivatives (2) Olosely held equity intervests (4) (3) Other (5) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7  | Part VII Ir        | vestments - Other Securities.                          |                            |  |                        |
|--|--------------------|--|----------------------------|--|------------------------|
| (1) Francial derivatives   |                    |  |                            |  |                        |
| (2) Closely held equity interests  | (a) Description    | 1 Of SECURITY OF CATEGORY (including name of security) | (b) Book value             | (c) Method of valuation: Cost or end       | l-of-year market value |
| (3) Other       (4)         (4)       (5)         (5)       (5)         (6)       (6)         (7)       (6)         (8)       (7)         (9)       (6)         (9)       (7)         (9)       (9)         (10)       (10)         (11)       (11)         (12)       (12)         (13)       (11)         (14)       (12)         (15)       (12)         (16)       (12)         (17)       (12)         (18)       (19)         (19)       (11)         (10)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)   | (1) Financial de   | erivatives   |                            |  |                        |
| (A)         (B)         (C)           (B)         (C)         (C)           (C)         (D)         (D)           (D)         (D)         (D)           (E)         (D)         (D)           (G)         (D)         (D)  | (2) Closely held   | d equity interests                                     |                            |  |                        |
| (B)  | (3) Other          |  |                            |  |                        |
| (C)       (C)         (B)       (C)         (B)       (C)         (G)  | (A)                |  |                            |  |                        |
| (0)         (6)           (7)         (7)           (10)         (8)           (11)         (9)           (12)         (9)           (13)         (14)           (14)         (15)           (15)         (16)           (16)         (17)           (17)         (18)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (19)           (19)         (11)           (19)         (11)           (19)         (11)           (19)         (11)           (10)         (11)           (10)         (11)           (10)         (11)           (10)         (11)           (10)         (11)           (10)         (11)           (10)  | (B)                |  |                            |  |                        |
| (E)         (A)           (B)         (A)           (B)         (B)           (B)  | (C)                |  |                            |  |                        |
| (F)       (6)         (6)       (7)         (a) Description of investment       (b) Book value         (a) Description of investment       (c) Method of valuation: Cost or end-of year market value         (1)       (c) Method of valuation: Cost or end-of year market value         (1)       (c) Method of valuation: Cost or end-of year market value         (1)       (c) Method of valuation: Cost or end-of year market value         (1)       (c) Method of valuation: Cost or end-of year market value         (1)       (c) Method of valuation: Cost or end-of year market value         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Method of valuation: Cost or end-of year market value         (1)       (c)         (a) Description       (c) Method of valuation: Cost or end-of year market value         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (1)       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c) <td>(D)</td> <td></td> <td></td> <td></td> <td></td>  | (D)                |  |                            |  |                        |
| (G)       (H)         (H)       (H)         (F)       (H)         (G)       (H)         (H)       (H)         (H)  | (E)                |  |                            |  |                        |
| (+)       (+)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►       Part Viii (Investments - Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (a) Description of investment         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end of year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end of year market value         (1)       (a)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)       (c)         (10)       (c)       (c)       (c)       (c)       (c)         (12)       (c)       (c)       (c)       (c)       (c)         (11)       (c)       (c)       (c)       (c)       (c)         (12)       (c)       (c)       (c)       (c)       (c)         (13)       (c)       (c)       (c)       (c)       (c)         (14)       (c)       (c)       (c)       (c)       (c)       (c) <tr< td=""><td>(F)</td><td></td><td></td><td></td><td></td></tr<>  | (F)                |  |                            |  |                        |
| Total. (col. (b) must equal Form 990, Part X, col. (b) ine 12.) ► Part Vill Investments - Program Related. Complete if the organization answered 'Yes' on 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 end-of-year market value (1) (a) (b) must equal Form 990, Part X, col. (b) ine 13.) ► Part X Other Lassets. (a) Description (b) Book value (c) Book | (G)                |  |                            |  |                        |
| Part VIII         Investments - Program Related.           Complete if the organization answered 'Ves' on 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 end-of-year market value           (1)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (3)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)           (1)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (2)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (1)         (c)         (c)   | (H)                |  |                            |  |                        |
| Complete if the organization answered "Yes" on 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 end-of-year market value           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (2)         (c)         (c)         (c)         (c)           (3)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (a) Description         (b) Book value         (b) Book value         (c)           (1)         (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.         (c)           (6)         (c)         (c)         (c)         (  | Total. (Col. (b) m | nust equal Form 990, Part X, col. (B) line 12.)        |                            |  |                        |
| (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)         (b)         (c)         (c  |                    | -  |                            |  |                        |
| (1)       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (8)       (9)         (9)       (1)         (1)       (2)         (1)       (2)         (2)       (3)         (1)       (a) Description         (b) Book value       (b) Book value         (1)       (a) Description         (b)       (b) Description         (c)       (c)         (b)       (c) Description         (c)       (c)         (b)       (c) Description of liability         (c)       (b)         (c)       (b)         (c)       (b)         (c)       (b)         (c)       (c)         (c)       (c)         (c)   | C                  | omplete if the organization answered "Yes"             |                            |  |                        |
| (2)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (8)       (7)         (9)       (7)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (1)       (9)         (2)       (2)         (3)       (1)         (4)       (2)         (3)       (4)         (4)       (5)         (6)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)         (6)       (1)         (7)       (2)         (8)       (9)         (9)       (1)         (1)       (2)         (2)       (3)         (1)       (1)         (1)       (2)         (1)       (2)         (2)       (3)         (3)       (4)         (4)       (5)         (5)       (2)   |                    | (a) Description of investment                          | (b) Book value             | (c) Method of valuation: Cost or end       | l-of-year market value |
| (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         (10)       (10)         (2)       (11)         (2)       (2)         (3)       (11)         (6)       (12)         (12)       (13)         (13)       (14)         (14)       (15)         (15)       (16)         (16)       (17)         (17)       (18)         (19)       (19)         (2)       (2)         (3)       (19)         (4)       (10)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)   | (1)                |  |                            |  |                        |
| (4)       (6)         (6)       (7)         (8)       (9)         (9)       (10)         (11)       (11)         (22)       (2)         (3)       (9)         (4)       (9)         (9)       (9)         (11)       (9)         (22)       (9)         (3)       (9)         (4)       (9)         (6)       (9)         (7)       (9)         (8)       (9)         (9)       (9)         (11)       (11)         (12)       (12)         (13)       (14)         (14)       (15)         (15)       (16)         (16)       (17)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11) </td <td>(2)</td> <td></td> <td></td> <td></td> <td></td>  | (2)                |  |                            |  |                        |
| (6)  | (3)                |  |                            |  |                        |
| (6)       (7)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (6)       (c)       (c)       (c)         (3)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (9)       (c)       (c)       (c)         (9)       (c)       (c)       (c)         (a) Description of liability       (c)       (c)         (a) Description of liability       (c)       (c)         (a) Description of liability       (c)       (c)         (a)       (c)       (c)       (c)         (3)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (a)       (c)       (c)  | (4)                |  |                            |  |                        |
| (7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (b) Book value         (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (3)       (4)         (6)       (6)       (7)         (7)       (6)       (7)         (8)       (9)       (1)         Part X       Other Liabilities.       (b) Book value         (7)       (a) Description of liability       (b) Book value         (7)       (6)       (7)       (6)         (6)       (1)       (2)       (3)       (4)         (6)       (1)       (2)       (3)       (b) Book value         (1)       (a) Description of liability       (b) Book value       (c) Book value         (1)       Federal income taxes       (c)       (c)       (d)         (3)       (4)       (5)       (6)       (7)         (6)       (7)       (6)       (7)       (6)         (7)       (6)       (7)       (6)       (7)         (6)       (7)       (6)       (7)       (7)         (8) <td>(5)</td> <td></td> <td></td> <td></td> <td></td>   | (5)                |  |                            |  |                        |
| (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (2)       (b) Book value         (3)       (c)         (4)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (6)       (c)         (7)       (c)         (a) Description of liabilities.       (c)         (b) Description of liability       (c) Book value         (1)       (c)         (6)       (c)         (7)       (c)         (a) Description of liability       (b) Book value         (b) Book value       (b) Book value         (c)       (c)       (c)         (d)       (c)       (c)         (d)       (c)       (c)         (a) Description of liability       (b) Book value         (b) Ederal income taxes       (c)         (c)       (c)       (c)         (c)       (c)       (c)         (a)       (c)       (c)         (b) </td <td>(6)</td> <td></td> <td></td> <td></td> <td></td>   | (6)                |  |                            |  |                        |
| (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►         Part IX         Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description         (b) Book value         (1)         (a) Description         (b) Book value         (c)         (a)         (b) Book value         (c)         (c)         (d)         (e)         (f)         (g)         (f)         (g)         (f)         (g)         (f)         (g)         (f)         (g)         (g)         (h)         (g)         (h)   | (7)                |  |                            |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)           Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (b) Book value          (1)       (a) Description          (b) Book value          (2)       (b) Book value           (3)       (c)       (c)           (6)       (c)       (c)       (c)           (6)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)       (c)       (c)         (8)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         Part X       Other Liabilities.       (c)       (c)       (c)       (c)       (c)       (c)         (1)       Federal income taxes       (c)   |                    |  |                            |  |                        |
| Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (b) Book value       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Part X       Other Liabilities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (c)         1       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (c)         (2)       (a)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (6)       (c)       (c)   |                    |  |                            |  |                        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b)         (3)       (b)       (c)         (4)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (c)         (1)       Federal income taxes         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)  | Total. (Col. (b) m | nust equal Form 990, Part X, col. (B) line 13.)        |                            |  |                        |
| (a) Description       (b) Book value         (1)       (2)         (3)       (3)         (4)       (4)         (5)       (6)         (7)       (3)         (8)       (4)         (9)       (5)         Tota. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       (3)       (b) Book value         (3)       (4)       (5)         (6)       (7)       (6)         (7)       (6)       (7)         (8)       (1)       (2)   |                    |  |                            |  |                        |
| (1)  | C                  |  |                            | 11d. See Form 990, Part X, line 15.        |                        |
| (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ►         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (2)         (3)       (4)       (5)         (4)       (6)       (7)         (6)       (7)       (8)   |                    | (a)  | Description                |  | (b) BOOK value         |
| (3)       (4)         (5)       (5)         (6)       (7)         (8)       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (7)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       (3)       (4)         (4)       (5)       (6)         (7)       (6)       (7)         (8)       (7)       (7)  |                    |  |                            |  |                        |
| (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (1)   |                    |  |                            |  |                        |
| (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       ▶         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (2)         (3)       (4)       (5)         (6)       (7)       (6)         (7)       (8)       (9)   |                    |  |                            |  |                        |
| (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (b)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (8)   |                    |  |                            |  |                        |
| (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)   |                    |  |                            |  |                        |
| (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)   |                    |  |                            |  |                        |
| (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)  |                    |  |                            |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1. (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)   |                    |  |                            |  |                        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)  | Total. (Column     |  | 15.)                       |  |                        |
| 1.       (a) Description of liability       (b) Book value         (1) Federal income taxes  |                    |  |                            |  |                        |
| (1) Federal income taxes       (2)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (6)   | -                  |  | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. |                        |
| (2)       (3)         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)  |                    |  |                            |  | (b) DOOK value         |
| (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)  |                    | u income taxes   |                            |  |                        |
| (4)     (5)       (6)     (7)       (8)     (7)  |                    |  |                            |  |                        |
| (5)     (6)       (7)     (8)  |                    |  |                            |  |                        |
| (6)       (7)       (8)  |                    |  |                            |  |                        |
| (7)<br>(8)   |                    |  |                            |  |                        |
| (8)  |                    |  |                            |  |                        |
|  |                    |  |                            |  |                        |
|  |                    |  |                            |  |                        |

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

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

X

| Sche | dule D (Form 990) 2020 MANY HOPES, INC.  |                  |                  | ⊳ <sub>age</sub> <b>4</b> |
|------|--|------------------|------------------|---------------------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Statem                      | nents With Rever | nue per Return.  |                           |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12        | 2a.              |                  |                           |
| 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:              |                  |                  |                           |
| а    | Net unrealized gains (losses) on investments                                     | 2a               |                  |                           |
| b    | Donated services and use of facilities   | 2b               |                  |                           |
| с    | Recoveries of prior year grants  |                  |                  |                           |
| d    | Other (Describe in Part XIII.)   | 2d               |                  |                           |
| е    | Add lines 2a through 2d  |                  | 2e               |                           |
| 3    | Subtract line 2e from line 1   |                  |                  |                           |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |                  |                  |                           |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a               |                  |                           |
| b    | Other (Describe in Part XIII.)   | 4b               |                  |                           |
| с    | Add lines 4a and 4b  |                  | 4c               |                           |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                  |                  |                           |
| Pa   | t XII Reconciliation of Expenses per Audited Financial State                     | ments With Expe  | nses per Return. |                           |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12        | 2a.              | <u>_</u>         |                           |
| 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:                |                  |                  |                           |
| а    | Donated services and use of facilities   | 2a               |                  |                           |
| b    | Prior year adjustments   | 2b               |                  |                           |
| с    | Other losses   | 2c               |                  |                           |
| d    | Other (Describe in Part XIII.)   | 2d               |                  |                           |
| е    | Add lines 2a through 2d  |                  | 2e               |                           |
| 3    | Subtract line 2e from line 1   |                  |                  |                           |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                  |                  |                           |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a               |                  |                           |
| b    | Other (Describe in Part XIII.)   | 4b               |                  |                           |
| с    | Add lines 4a and 4b  |                  |                  |                           |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                  |                  |                           |
| Pa   | rt XIII Supplemental Information.  |                  |                  |                           |

Provide 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION

HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30,

2021.

| Part XIII Supplemental Information (continued) |  |
|--|--|
| Continued)                                     |  |
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| SCHEDULE F<br>(Form 990)               |  |                   | ivities Outside the Ur<br>n answered "Yes" on Form 990, Part  |                                       |   | ON       | IB No. 1545-0047   |
|--|--|-------------------|---|---------------------------------------|---|----------|--|
| Department of the Treasury             |  |                   | Attach to Form 990.   |                                       |   |          | to Public  |
| Internal Revenue Service               | Go to  | www.irs.gov/Fo    | rm990 for instructions and the lates  | t information.                        | Employer  | Inspe    | ction<br>cation number   |
| Name of the organization               |  |                   |   |                                       | Employer  | Identin  | cation number  |
| MANY HOPES, INC.                       |  |                   |   |                                       | 39-206  |          |  |
| Part I General Inf                     | ormation on A  | ctivities Out     | side the United States. Compl   | ete if the orgar                      | nization answ   | vered "Y | es" on   |
| Form 990, Part                         | •  |                   |   |                                       |   |          |  |
| -                                      | -  |                   | ds to substantiate the amount of its gra  |                                       |   | <b></b>  |  |
| the grantees' eligibility              | / for the grants or a  | issistance, and t | he selection criteria used to award the   | grants or assis                       | stance?   | Х        | Yes 🛄 No   |
| -                                      | scribe in Part V the   | e organization's  | procedures for monitoring the use of its  | s grants and of                       | her assistan  | ce outsi | de the   |
| United States.                         | (The fellowing Dout  | L line O table of |   | · · · · · · · · · · · · · · · · · · · |   |          |  |
| 3 Activities per Region.<br>(a) Region | (The following Part<br>(b) Number of<br>offices<br>in the region | ,<br>,            | <ul> <li>an be duplicated if additional space is r</li> <li>(d) Activities conducted in the region<br/>(by type) (such as, fundraising, pro-<br/>gram services, investments, grants to<br/>recipients located in the region)</li> </ul> | (e) If acti<br>is a pro<br>describe   | ivity listed in<br>ogram service<br>e specific typ<br>e(s) in the reg | e,<br>De | (f) Total<br>expenditures<br>for and<br>investments<br>in the region |
| KENYA                                  |  |                   | GRANTS  | ORPHANAGE 2                           | AND SCHOOI  |          | 0,   |
| UNITED KINGDOM                         |  |                   | GRANTS  | SUPPORT                               |   |          | 0.   |
| BOLIVIA                                |  |                   | GRANTS  | SUPPORT                               |   |          | 0.   |
| GHANA                                  |  |                   | GRANTS  | SUPORT                                |   |          | 0.   |
| GUATEMALA                              |  |                   | GRANTS  | SUPPORT                               |   |          | 0  |
|  |  |                   |   |                                       |   |          |  |

0 0 Ο. 3 a Subtotal **b** Total from continuation 0 0 Ο. sheets to Part I c Totals (add lines 3a 0 0 Ο. and 3b)

GRANTS

GRANTS

SUPPORT

SUPPORT

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

Schedule F (Form 990) 2020



MALAWI

PERU

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

No

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### Part II 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<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                 | <b>(d)</b> Purpose of<br>grant  | <b>(e)</b> Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement  | <b>(g)</b> Amount of<br>noncash<br>assistance | <b>(h)</b> Description<br>of noncash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|-------------------------------|--|----------------------------|---------------------------------|------------------------------------|---|---|--|--|
|                               |  | SUB-SAHARAN                |                                 |                                    |   |   |  |  |
|                               |  | AFRICA - ANGOLA,           |                                 |                                    |   |   |  |  |
|                               |  | BENIN, BOTSWANA,           |                                 |                                    |   |   |  |  |
|                               |  | BURKINA FASO,              | ORPHANAGE AND SCHOOL            | 85,000.                            | WIRE TRANSFER                           | 0.  | N/A  | N/A  |
|                               |  | EUROPE (INCLUDING          |                                 |                                    |   |   |  |  |
|                               |  | ICELAND &                  |                                 |                                    |   |   |  |  |
|                               |  | GREENLAND) -               |                                 |                                    |   |   |  |  |
|                               |  | ALBANIA, ANDORRA,          | SUPPORT                         | 4,051.                             | СНЕСК                                   | Ο.  | N/A  | N/A  |
|                               |  | SUB-SAHARAN                |                                 |                                    |   |   |  |  |
|                               |  | AFRICA - ANGOLA,           |                                 |                                    |   |   |  |  |
|                               |  | BENIN, BOTSWANA,           |                                 |                                    |   |   |  |  |
|                               |  |                            | SUPPORT                         | 125,000.                           | WIRE TRANSFER                           | 0.  | N/A  | N/A  |
|                               |  | SUB-SAHARAN<br>AFRICA      | SUPPORT                         | 224 000                            | WIRE TRANSFER                           | 0   | N/A  | N/A  |
|                               |  |                            |                                 | , -                                |   |   |  |  |
|                               |  | CENTRAL AMERICA            |                                 |                                    |   | _   |  |  |
|                               |  | AND THE CARIBBEAN          | SUPPORT                         | 123,560.                           | WIRE TRANSFER                           | 0.  | N/A  | N/A  |
|                               |  | SUB-SAHARAN                |                                 |                                    |   |   |  |  |
|                               |  | AFRICA                     | SUPPORT                         | 51,333.                            | WIRE TRANSFER                           | 0.  | N/A  | N/A  |
|                               |  |                            |                                 |                                    |   |   |  |  |
|                               |  | SOUTH AMERICA              | SUPPORT                         | 104,000.                           | WIRE TRANSFER                           | 0.  | N/A  | N/A  |
|                               |  |                            |                                 |                                    |   |   |  |  |
|                               |  |                            |                                 |                                    |   |   |  |  |
| 2 Enter total number of       | recipient organization                       | ns listed above that are r | ecognized as charities by the f | oreian country                     | recognized as a tax                     |   | 1  | 1  |
|                               |  |                            | or counsel has provided a sect  |                                    |   |   |  |  |
|                               | •  | -                          | or coursernas provided a sect   |                                    | • | ······ 5                                      |  |  |

Schedule F (Form 990) 2020

Page 2

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

# 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.

Schedule F (Form 990) 2020

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>   | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may<br>be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and<br>Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a<br>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? <i>If</i> "Yes," <i>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)</i>   | 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? <i>If</i> "Yes," <i>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)</i>  | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"<br>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain<br>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? <i>If</i><br>"Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i><br><i>Instructions for Form 5713; don't file with Form 990)</i>  | Yes | X No |

Schedule F (Form 990) 2020

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

FUNDS ARE GRANTED TO RECOGNIZED CHARITIES OUTSIDE THE US SERVING THE

NEEDS OF ORPHANED AND ABANDONED CHILDREN IN KENYA. FUNDS ARE GRANTED IN

RESPONSE TO REQUESTS TO MEET SPECIFIC NEEDS IN LINE ITEMS IN PROGRAM

BUDGETS AGREED WITH MANY HOPES, INC. (MH) AT THE START OF EACH YEAR. MH

REPRESENTATIVES VISIT PROJECTS AT LEAST ONCE EACH YEAR TO INPUT INTO THE

SETTING OF THAT BUDGET AND REVIEW THE BUDGET FOR THE PREVIOUS YEAR. ALL

RECEIPTS FOR PURCHASES MADE FOR BUILDING OR FOR RUNNING BUILDINGS

CONSTRUCTED OR PROGRAMS IMPLEMENTED ARE KEPT BY A PROJECT ACCOUNTANT. AT

THE END OF THE FINANCIAL YEAR AN INDEPENDENT AUDIT OF EXPENDITURE V GRANT

MONIES RECEIVED BY PROJECTS IS CARRIED OUT BY AN EXTERNAL ACCOUNTANT, AND

HARD AND SOFT COPIES OF THE AUDIT SENT TO MH. ADDITIONALLY THERE IS

QUARTERLY REPORTING OF RUNNING COSTS FOR SPECIFIC PROJECTS FUNDED BY MH.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2020 Open to Public Inspection

Name of the organization

| MANY | HOPES, | INC. |
|------|--------|------|
| MANY | HOPES, | INC. |

| Employer | identification | number |
|----------|----------------|--------|
|          | 39-2067502     |        |

| Par | t I Types of Property  |                                      |   |  | •  |         |        |      |
|-----|--|--------------------------------------|---|--|--|---------|--------|------|
|     |  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | <b>(d)</b><br>Method of de<br>noncash contribu | etermin | •      | 5    |
| 1   | Art - Works of art   |                                      |   |  |  |         |        |      |
| 2   | Art - Historical treasures   |                                      |   |  |  |         |        |      |
| 3   | Art - Fractional interests   |                                      |   |  |  |         |        |      |
| 4   | Books and publications   |                                      |   |  |  |         |        |      |
| 5   | Clothing and household goods   |                                      |   |  |  |         |        |      |
| 6   | Cars and other vehicles  |                                      |   |  |  |         |        |      |
| 7   | Boats and planes   |                                      |   |  |  |         |        |      |
| 8   | Intellectual property  |                                      |   |  |  |         |        |      |
| 9   | Securities - Publicly traded   | Х                                    | 2   | 25,431.  | FMV AVG OF HIGH                                | AND L   | OW     |      |
| 10  | Securities - Closely held stock  |                                      |   | ,  |  |         |        |      |
| 11  | Securities - Partnership, LLC, or  |                                      |   |  |  |         |        |      |
|     | trust interests  |                                      |   |  |  |         |        |      |
| 12  | Securities - Miscellaneous   |                                      |   |  |  |         |        |      |
| 13  | Qualified conservation contribution -  |                                      |   |  |  |         |        |      |
|     | Historic structures  |                                      |   |  |  |         |        |      |
| 14  | Qualified conservation contribution - Other  |                                      |   |  |  |         |        |      |
| 15  | Real estate - Residential  |                                      |   |  |  |         |        |      |
| 16  | Real estate - Commercial   |                                      |   |  |  |         |        |      |
| 17  | Real estate - Other  |                                      |   |  |  |         |        |      |
| 18  | Collectibles   |                                      |   |  |  |         |        |      |
| 19  | Food inventory   |                                      |   |  |  |         |        |      |
| 20  | Drugs and medical supplies   |                                      |   |  |  |         |        |      |
| 21  | Taxidermy  |                                      |   |  |  |         |        |      |
| 22  | Historical artifacts   |                                      |   |  |  |         |        |      |
| 23  | Scientific specimens   |                                      |   |  |  |         |        |      |
| 24  | Archeological artifacts  |                                      |   |  |  |         |        |      |
| 25  | Other ► ( )  |                                      |   |  |  |         |        |      |
| 26  | Other ( )  |                                      |   |  |  |         |        |      |
| 27  | Other • ( )  |                                      |   |  |  |         |        |      |
| 28  | Other ()   |                                      |   |  |  |         |        |      |
| 29  | Number of Forms 8283 received by the organi  | zation during                        | the tax year for c  | ontributions   |  |         |        |      |
|     | for which the organization completed Form 82   |                                      |   |  |  |         |        |      |
|     | -  |                                      | -   |  |  |         | Yes    | No   |
| 30a | During the year, did the organization receive b  | y contributio                        | n any property rep  | orted in Part I, lines 1 throug  | h 28, that it                                  |         |        |      |
|     | must hold for at least three years from the date   | e of the initia                      | l contribution, and                                       | which isn't required to be us  | sed for  |         |        |      |
|     | exempt purposes for the entire holding period  | ?                                    |   | •  |  | 30a     |        | х    |
| b   | If "Yes," describe the arrangement in Part II.   |                                      |   |  |  |         |        |      |
| 31  |  |                                      |   |  |  | 31      |        | х    |
|     | <b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash |                                      |   |  |  |         |        |      |
|     | contributions?   |                                      |   |  |  | 32a     |        | х    |
| b   | If "Yes," describe in Part II.   |                                      |   |  |  |         |        |      |
| 33  | If the organization didn't report an amount in c   | olumn (c) foi                        | a type of property  | / for which column (a) is cheo   | ked,   |         |        |      |
|     | describe in Part II.   | . ,                                  |   |  | -  |         |        |      |
| LHA | For Paperwork Reduction Act Notice, see  | the Instruct                         | tions for Form 990  | ).   | Schedule N                                     | I (Forn | n 990) | 2020 |

| Part II    | Suppler      | nental | Infor | mation. | Provi |
|------------|--------------|--------|-------|---------|-------|
| Schedule M | 1 (Form 990) | 2020   | MANY  | HOPES,  | INC.  |

Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| SCHEDULE O  | Supplemental Information to Form 990 or 99   | 0-EZ  | OMB No. 1545-0047 |  |  |  |
|---|--|-------|-------------------|--|--|--|
| (Form 990 or 990-EZ)  | Complete to provide information for responses to specific questions or                     |       | 2020              |  |  |  |
| Department of the Treesury  | Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. |       | Open to Public    |  |  |  |
| Department of the Treasury<br>Internal Revenue Service                    | Go to www.irs.gov/Form990 for the latest information.                                      |       | Inspection        |  |  |  |
| Name of the organization Employer iden                                    |  |       |                   |  |  |  |
|   | MANY HOPES, INC.   | 39-20 | 67502             |  |  |  |
|   |  |       |                   |  |  |  |
| FORM 990, PART I,   | LINE 1, DESCRIPTION OF ORGANIZATION MISSION:   |       |                   |  |  |  |
| EXPANSION OF ORGAN  | IIZATIONS AROUND THE WORLD THAT ARE RESCUING,  |       |                   |  |  |  |
| EDUCATING, AND ADVOCATING FOR ORPHANED, ABANDONED, ABUSED, OR ENSLAVED    |  |       |                   |  |  |  |
|   |  |       |                   |  |  |  |
| CHILDREN. THE ORGANIZATION SHALL HELP TO GENERATE PUBLIC AWARENESS OF,    |  |       |                   |  |  |  |
| AND FUNDS FOR, THE ORGANIZATIONS, SCHOOLS, ORPHANAGES AND CHILD RESCUE    |  |       |                   |  |  |  |
| AND REHABILITATION PROGRAMS AND CAPITAL PROJECTS.                         |  |       |                   |  |  |  |
|   |  |       |                   |  |  |  |
| FORM 990 PART VI  | SECTION A, LINE 4:   |       |                   |  |  |  |
|   |  |       |                   |  |  |  |
| LINE 4A EXPLANATIC  | N - THE BOARD ON APRIL 13, 2022 TO CHANGE THE  |       |                   |  |  |  |
| ORGANIZATION'S FISCAL YEAR FROM JUNE 30 TO DECEMBER 31. THE ORGANIZATION  |  |       |                   |  |  |  |
| PLANS TO FILE A SHORT YEAR FORM 990 FOR THE PERIOD JULY 1, 2021, TO       |  |       |                   |  |  |  |
| DECEMBER 31, 2021. AND A FULL YEAR 990 FILING FOR JANUARY 1, 2022, TO     |  |       |                   |  |  |  |
| DECEMBER 31, 2022.  |  |       |                   |  |  |  |
|   |  |       |                   |  |  |  |
| FORM 990, PART VI, SECTION B, LINE 11B:                                   |  |       |                   |  |  |  |
| LINE 11B EXPLANATION - THE 2020 FORM 990 WAS DISTRIBUTED TO THE ENTIRE    |  |       |                   |  |  |  |
| BOARD OF DIRECTORS VIA E-MAIL FOR THEIR REVIEW. EACH BOARD MEMBER IS      |  |       |                   |  |  |  |
| ENCOURAGED TO RESPOND TO ANYTHING IN THE FORM 990 THEY HAVE A QUESTION    |  |       |                   |  |  |  |
| K   |  |       |                   |  |  |  |
| ABOUT OR COMMENT TO MAKE. ANY NEEDED CORRECTIONS ARE MADE. THE BOARD THEN |  |       |                   |  |  |  |
| CONSIDERS THE DOCUMENT APPROVED FOR FILING.                               |  |       |                   |  |  |  |
|   |  |       |                   |  |  |  |
| FORM 990, PART VI, SECTION B, LINE 12C:                                   |  |       |                   |  |  |  |
| EXCULVENT EVERY DOADD NEWDED TO DESULTED TO STON & UDTEMENT CONFLICE OF   |  |       |                   |  |  |  |

EACH YEAR EVERY BOARD MEMBER IS REQUIRED TO SIGN A WRITTEN CONFLICT OF

INTEREST POLICY.

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

| Schedule O (Form 990 or 990-EZ) 2020                                   | Page 2                                       |
|--|--|
| Name of the organization MANY HOPES, INC.                              | Employer identification number<br>39-2067502 |
| IN MASSACHUSETTS A COPY OF THE ORGANIZATION'S AUDITED FINANCIAL STATEM | IENTS  |
| AND FORM 990 ARE AVAILABLE AT THE MASSACHUSETTS SECRETARY OF STATE'S C | DFFICE                                       |
| 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  | C OF   |
| INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.                  |  |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                               |  |
| OUTSIDE SERVICES:  |  |
| PROGRAM SERVICE EXPENSES   | 0.   |
|  | 0.   |
| FUNDRAISING EXPENSES   | 0.   |
|  | 9,865.                                       |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 299             |  |
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