

2023

Public Inspection Copy

May	'
For	I
FFA	

r Se						Beg	inning of Current Year	End
ets alano	20	Total assets (Part X, li	ne 16) • • • •			-	720,977	
Net Assets or Fund Balances	21	Total liabilities (Part X,	line 26) • • •					
Fund	22	Net assets or fund bal	ances. Subtract lir	ne 21 from line 20			720,977	
Part	II	Signature Bloc	:k					-
					ules and statements, and to the be- which preparer has any knowledge		vledge and belief, it is	
		Joseph Kin	ahan					
Sign		Signature of officer					D	ate
Here		Joseph Kin	ahan, Execu	tive Director				
	Г	Type or print name and title						
		Print/Type preparer's nam	e	Preparer's signature	Date		Check if	PTIN
Paid		Jeanette Bax-	Kurtz		08-12-2	024	self-employed	P0009
Prepa	arer	Firm's name	Andern C	onsulting LLC			Firm's EIN	
Use (Only	Firm's address	146 Bear	Creek Road		1	Phone no.	
			Jonesbur	g MO 63351			314-	-814-4943
May the	e IRS	discuss this return wit	h the preparer sho	own above? See instructio	ns			· · · □ ١
For Pa	perw	ork Reduction Act No	otice, see the sep	parate instructions.				 Fc
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	ept private found	ations)	
stagent of the Trageries	Do not enter social security numbers on this form as it may be	• •	,	Open to Public
rtment of the Treasury al Revenue Service		Inspection		
	dar year, or tax year beginning , 2023, ar	nd ending		, 20
				er identification number
Address change	Iress change Doing business as Maternal Health Foundation/Fund			
Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
Initial return	PO Box 1270			(408)887-7355
Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross r	eceipts
Amended return	San Jose, CA 95108		\$	972,694
Application pending	F Name and address of principal officer:	H(a) Is this a	- group return for	subordinates? Yes X No
	<u>_</u>	H(b) Are al	subordinates	included? Yes No
Tax-exempt status:	≤ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	lf "No,	" attach a list.	See instructions
-	w.maternalhealthfund.org	H(c) Group	exemption nu	mber
	Corporation Trust Association Other L Year of formation	n: 2010 M	State of legal	domicile: DE
rt I Summa	ry			
1 Briefly desc	ribe the organization's mission or most significant activities: <u>Maternal Heal</u>	th Foundati	on is c	ledicated to
treatme	nt and prevention of childbirth injuries by building s	sustainable	capacit	y with local
partner	s in Sub-Saharan Africa supporting world-renowned doct	ors, resear	chers a	and hospitals
that tr	eat women with compassionate holistic care.			
2 Check this	box $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	o of its net assets.		
3 Number of	voting members of the governing body (Part VI, line 1a)		3	4
4 Number of	independent voting members of the governing body (Part VI, line 1b)		4	4
5 Total numb	er of individuals employed in calendar year 2023 (Part V, line 2a)		5	0
6 Total numb	er of volunteers (estimate if necessary)		6	6
7a Total unrela	ted business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelat	ed business taxable income from Form 990-T, Part I, line 11 • • • • • • • • • • •		7b	0
		Prior Year		Current Year
8 Contribution	ns and grants (Part VIII, line 1h)	13	2,897	521,092
9 Program se	ervice revenue (Part VIII, line 2g)			0
10 Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	1	1,523	26,520
11 Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
12 Total reven	ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14	4,420	547,612
13 Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	76	7,463	609,708
14 Benefits pa	id to or for members (Part IX, column (A), line 4)			0
15 Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5-10)			0

34,605

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Department of the Treasury

15

16a

17

18

19

b

Part I

Salaries, other compensation, employee be

Professional fundraising fees (Part IX, column (A), line 11e)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Total fundraising expenses (Part IX, column (D), line 25)

Revenue less expenses. Subtract line 18 from line 12

Internal Revenue Service

Α в

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J

Activities & Governance

Revenue

Expenses

30,588

798,051

(653,631

	_	
Form	990	(2023

X No

P00096490

Yes

0

0

83,526

693,234

(145, 622)

586,201

586,201

End of Year

Par		27-4451603	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Maternal Health Foundation is dedicated to treatment and prevention of childbir	th injuries	by
	building sustainable capacity with local partners in Sub-Saharan Africa support:	ing world-re	enowned
	doctors, researchers and hospitals that treat women with compassionate holistic	care.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	. 🗌 Yes 🙀] No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	. 🗌 Yes 🛛] No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	,	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$318,955 including grants of \$318,150) (Revenue \$	S)
	Developing initiative in Hawassa Ethiopia focusing on preventing Maternal, Newbo	orn and Chi	ld
	Health ("MNCH") diseases, injuries and deaths by providing comprehensive MNCH se	ervices,	
	prioritizing underprivileged women and children in a brand new state of the art	MNCH-Specia	alty
	Center ("MNCH-SC"). MNCH-SC delivered 2,500 women with 6,000 child consultations	s and antina	atal
	care ("ANC") were in excess of 7,000.		
4b		§)
4b	(Code:) (Expenses \$267,389 including grants of \$267,389) (Revenue \$ The Fund provides facilities, project managment, financial resources, and medical resources.	-) aining
	The Fund provides facilities, project managment, financial resources, and medica for a dedicated women's 30 bed community hospital in Uganda that focuses on treat	al staff tra atment of	
	The Fund provides facilities, project managment, financial resources, and medicated women's 30 bed community hospital in Uganda that focuses on treat obstetric fistula with treatment capacity for 600 women per year. This hospital	al staff tra atment of is the "Tea	rrewode
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	990 (2023) Maternal Help Hope Fund 27-44516	503	P	age 3
Pa	rt 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	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		
-	•	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? <i>If "Yes," complete Schedule D, Part II</i>	7		<u> </u>
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	1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е		11e		x
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120		120		v
h	Schedule D, Parts XI and XII	12a		_ <u>x</u> _
U	•	104		
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	x	
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. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	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		х
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 (2023)

27-4451603 Page 3

Form		45160)3	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
		г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	••	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated		22		
24-	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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	H	24a 24b		_ <u>x</u> _
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	•••••••••••••••••••••••••••••••••••••••	240		
С	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	· · }	24u		
2 J a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	· · }	2 J a		<u>x</u>
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	· ·	200		
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? <i>If "Yes," complete Schedule L, Part II</i>		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	· · ·			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule	. 1			
20	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				
ũ	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	. 1	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		100		
•	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	-	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	F			
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	f			
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	f			
	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,	ľ			
	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	ľ			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	f			
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	f			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	F			
-	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Par					·
<u></u>	Check if Schedule O contains a response or note to any line in this Part V				Π
				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	-			
	reportable gaming (gambling) winnings to prize winners?		1c	х	
			-	000 /	0000

Form	990 (2023) Maternal Help Hope Fund 27-44516	503	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
5a ⊾		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C Co		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0		
	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash
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 the 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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

	m 990 (2023) Maternal Help Hope Fund 27-4451			age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and fo	r a "N	10"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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 4			
	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 in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on 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? <i>If "No," go to line 13</i>	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	40-		
a L	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tua		x
Ň	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
<u></u> 17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Joseph Kinahan (408)887-7355, PO Box 1270, San Jose, CA 95108			
-				

Form 990 (2023		27-4451603	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est Compensated Employees	s, and
	Independent Contractors		
(Check if Schedule O contains a response or note to any line in this Part VII		. 🗌
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensa	ated Employees	
1a Complete thi	is table for all persons required to be listed. Report compensation for the calendar year ending v	with or within the	
organization's ta	x year.		
 List all of th 	e organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of	
compensation. E	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

🗴 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)	.,					
(A)	(B)				sition			(D)	(E)	(F)	
Name and title	Average hours per week	officer and a director/trustee)						Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
(1) Steve Sockolov	10.00										
President - Past	1 00	х		Х				0	0	0	
(2) Katie Bagley, RN	- <u> 1.00</u>	x		v				0	o	0	
Secretary (3)Darina Byrne	1.00			X				0	0	0	
[3]Darina Byrne Treasurer and Compliance Officer		x		x				0	0	0	
(4) Joseph Kinahan	40.00			~				0	0	0	
Executive Director	<u>+0.00</u>	x		х				0	0	0	
	1.00								Ŭ		
President, VP and Medical Director		x		х				0	0	0	
_(7)											
_(8)											
_(9)											
(10)											
(11)											
<u>(12)</u>											
(13)											
<u>(14)</u>											
									I	E a mar 000 (0000)	

	90 (2023) Maternal Help Hope	e Fund				10.0		4	lighaat Camp		-44516			age 8
Part	VII Section A. Officers, Directors, T	rustees, i	ley E	-mp	-		s, an		lignest Comp	ensated		yees	(conti	inued)
	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportab compensat from relate organizations	tion ed	cor	(F) ated am of other mpensati rom the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NEC	sc/	orga	nization a	
(15)														
<u>(16)</u>														
<u>(17)</u>														
(23) (24)														
(25)											\rightarrow			
<u>(20)</u>	Subtotal													
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)			 		•••	 		0		0			0
2	Total number of individuals (including but no reportable compensation from the organizat	ot limited to		e list	eda	abo	ve) w	ho r	received more th	an \$100,00	00 of			
3	Did the organization list any former officer, directo		y empl	ovee	e, or	high	est co	mpe	ensated				Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re	J for such in	dividua	a/	•••	••		•••				3		x
	organization and related organizations greater than individual				mpl	ete S 	Schedi	ıle J 	for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,"</i>			-			-					5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest cor compensation from the organization. Report	-	-										tax ye	ear.
	(A) Name and business addres	s							(B) Description of servic	es	I	(C) Compens	ation	
2	Total number of independent contractors (in received more than \$100,000 of compensat	-					ose lis	sted	l above) who					

Form 99				Help Hop	be F	und			27-44516	503 Page 9
Part	VIII	Statement of Rev	enu	le						
		Check if Schedule C) cor	ntains a resp	oonse	e or note to any li	ne in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
6	b		F	1b						
ants	c		F	1c						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .	[1d						
Sifts ar A	е	Government grants (contr	ibuti	ons)	1e					
ns, (imil	f	All other contributions, gif	ts, gr	ants,						
utio er S		and similar amounts not in		-	1f	521,092				
ĞŢ	g									
Con	Ι.	lines 1a-1f		L	1g	,				
	h	Total. Add lines 1a-1f	•••		•••		521,092			
	2a					Business Code				
Program Service Revenue	b									
ue ue	c c									
m S ven	d									
grai Re	e									
D.		All other program service r	even	ue						
-		Total. Add lines 2a-2f								
	3	Investment income (includi								
		other similar amounts)					26,482			26,482
	4	Income from investment of	tax-	exempt bond	proce	eds				
	5	Royalties	<u></u>	<u></u>						
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
		Less: rental expenses								
		Rental income or (loss)	6c							
	d	Net rental income or (loss)	· ·		• • •					
	7a	Gross amount from		(i) Securities	S	(ii) Other				
		sales of assets	7-	405						
	_h	other than inventory Less: cost or other basis	/a	425,	120					
er		and sales expenses	76	425,	002					
nuə		Gain or (loss)	-	- 1	38					
Seve		Net gain or (loss)	-				38	38		
Other Revenu		Gross income from fundrai								
Gt		events (not including \$	5							
		of contributions reported or	n line							
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from f	undr	aising events						
	9a	Gross income from gaming)							
		activities. See Part IV, line			9a					
		Less: direct expenses .			9b					
	c	Net income or (loss) from g	gamii	ng activities	· ·					
	10a	Gross sales of inventory, le								
		returns and allowances 10a								
		Less: cost of goods sold			10b					
	C	Net income or (loss) from s	ales	or inventory	• •	Business Code				
S	11a									
nor ne	b									+
illar /eni	C C									1
Miscellanous Revenue		All other revenue								
Σ		Total. Add lines 11a-11d								
		Total revenue. See instruc					547,612	38	0	26,482
	_		_		_					

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

Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	609,708	609,708		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
 persons described in section 4958(c)(3)(B) 7 Other salaries and wages				
, i i i i i i i i i i i i i i i i i i i				
 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 				
9 Other employee benefits				
9 Other employee benefits				
Fees for services (nonemployees):				
a Management				
b Legal	99		99	
c Accounting	2,700		2,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150		150	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	44,503	26,505		17,998
12 Advertising and promotion	404	,		404
13 Office expenses	15,999		1,020	14,979
14 Information technology	1,738		1,738	
15 Royalties				
16 Occupancy				
17 Travel	16,493	15,269		1,224
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization 				
23 Insurance	1,440		1,440	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a				
b				
C				
d All other evenences				
e All other expenses	<u> </u>	CE1 400		<u> </u>
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 	693,234	651,482	7,147	34,605
organization reported in column (B) joint costs		I		

Form 990 (2023) Maternal Help Hope Fund	Form 990 (2023)	Maternal	Help	Hope	Fund
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Page 11

Par	t X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			🗌
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	77,649	1	30,544
	2	Savings and temporary cash investments		2	
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	643,328	11	555,657
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	720,977	16	586,201
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-iab		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	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	451,559	27	311,201
Ba	28	Net assets with donor restrictions	269,418	28	275,000
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
μ		and complete lines 29 through 33.			
s 01	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	720,977	32	586,201
	33	Total liabilities and net assets/fund balances	720,977	33	586,201

EEA

Form 990 (2023)

Form	990 (2023) Maternal Help Hope Fund	27-4451603	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		547,	,612
2	Total expenses (must equal Part IX, column (A), line 25)	2		693,	234
3	Revenue less expenses. Subtract line 2 from line 1	3	(145,	, 622)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		720,	, 977
5	Net unrealized gains (losses) on investments	5		9,	,789
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		1,	056
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		586,	201
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 ((2023)

SCHEDULE	A
(Form 990)	

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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 27-4451603 Maternal Help Hope Fund Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

OMB No. 1545-0047

Schedu Part	le A (Form 990) 2023 Maternal He II Support Schedule for Organiz	elp Hope Fu	nd ribod in Soct	ione 170/b)//	$1(\Lambda)(i_{1})$ and	27-445160	3 Page 2
Fart	(Complete only if you checked th						
							iny under
Secti	Part III. If the organization fails to	o quality unde	er the tests is	sted below, pl	ease complet	le Part III.)	
	on A. Public Support	() 0040	(1) 0000	() 0004	(1) 0000	() 0000	(0 T ()
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	748,989	1,179,557	138,493	132,897	521,093	2,721,029
2	Tax revenues levied for the						
	organization'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	748,989	1,179,557	138,493	132,897	521,093	2,721,029
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)						1,928,348
6	Public support. Subtract line 5 from line 4						792,681
	on B. Total Support						,52,001
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	748,989	1,179,557	138,493	132,897	521,093	2,721,029
8	Gross income from interest, dividends,	740,505	1,1,9,55,	130,495	152,057	521,055	2,721,025
Ŭ	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	05 070	C 005	1.00	11 504	0.000	70.050
9	Net income from unrelated business	25,979	6,085	182	11,524	26,482	70,252
5	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	.						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		L				2,791,281
12	Gross receipts from related activities, etc.	•	,				(0)
13	First 5 years. If the Form 990 is for the or	•			•	• •	
0	organization, check this box and stop her						· · · · · · L
	on C. Computation of Public Suppo			(0)			
14	Public support percentage for 2023 (line 6					14	28.40 %
15	Public support percentage from 2022 Sch					15	27.27 %
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qual						
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check th	nis box and sto	op here. Explai	n in
	Part VI how the organization meets the fa	cts-and-circum	nstances test. T	The organizatio	n qualifies as a	a publicly supp	orted
	organization						<u>x</u>
b	10%-facts-and-circumstances test - 202						
-	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization di						
	instructions				•		
FFA							A (Form 990) 2023

Schedu	le A (Form 990) 2023 Maternal He	lp Hope Fu	nd			27-4451603	Page 3
Part							
	(Complete only if you checked th	e box on line	e 10 of Part I o	or if the orgar	nization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part II.	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		L	L			
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	th tax year as a	section 501(c)(3)
	organization, check this box and stop her	e					🗌
Secti	on C. Computation of Public Support						
15	Public support percentage for 2023 (line 8	, column (f), di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2022 Sch	edule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2023 (I	ne 10c, colum	n (f), divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this be	ox and stop he	e re. The organ	ization qualifie	s as a publicly s	supported orgar	nization
b	33 1/3% support tests - 2022. If the organization	n did not check a	a box on line 14 o	r line 19a, and lir	ne 16 is more than	i 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	· · · · · □
20	Private foundation. If the organization die	d not check a b	box on line 14,	19a, or 19b, cł	neck this box ar	nd see instructio	ons

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

	Vaa	No
	Yes	NO
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
00		
9a		
9b		
30		
9c		
50		
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10a		
105		
10b		

Part M Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? If the site organization accepted a gift or contribution from any of the following persons described on lines 11b and the below. The general described on 11a or 11b above? If "Yes" to line 11a. 11b, or 11c, provide detail in Part V. If the general described on 11a or 11b above? If "Yes" to line 11a. 11b, or 11c, provide detail in Part V. If the operand described on 11a or 11b above? If "Yes" to line 11a. 11b, or 11c, provide detail in Part V. If the operand described on 11a or 11b above? If "Yes" to line 11a. 11b, or 11c, provide detail in Part V. If the operand described on 11a or 11b above? If "Yes" to line 11a. 11b, or 11c, provide detail in Part V. If the operand described on 11a or 11b above? If "Yes" to line 11a. 11b, or 11c, provide detail in Part V. If the operand described on 11a or 11b above? If "Yes" to operand the order an one support or organization or controle of the operand to any operand of more than one support of organization to controle of the operand to any operand the organization to controle of the operand to any operand to above power at the operand to any supported organization of supporting Organization's support of organizatio		A (Form 990) 2023 Maternal Help Hope Fund 27-4451603		P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A A person who directly or indicedly controls, effer adom or together with persons described on lines 11 than the below, the governing body of a supported organization? 11a A A affix controlled antity of a person described on 11a or 11b above? A family member of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide relatin in Part V. Section B. Type I Supporting Organizations Yes No 1 Did the governing body of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide relatin in Part V. Yes 2 Did the governing body, nambers of the governing body offican acting in their official capacity, or methership of one or more supported organization of the organization of the organization of the supported organization file in the person of person diversion of theory supported organization of the organization of the supported organization organization organization organization supported organization of the supporting organization organization is the support or gorganization organization organization or trustees of act of the supporting organization (%) the support of organization organization's tweet in the support organization's support organization's support or granization's intervention was vested in the support organization's tweet or trustees of bac of the support or granization's intervention was vested in the support organization's support organization's inthe control to the organiza	Part	V Supporting Organizations (continued)		Vaa	Na
 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below. The governing body of a supported organization? b A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 al least a mightly of the organization of the supporting organization. <i>J Action 11a</i> activates were allocated among the support of organization of the support of organization or such as a might of the organization of the support of organization of support of organization or such as a might of the organization or such as a might of the support of organization or such as a might of the organization or such as a support of organization or such as a might of the support of organization or such as a might of the organization or such as a support of organization or such as a might of the organization or	11	Has the organization accented a gift or contribution from any of the following persons?		res	NO
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b A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, diffeets acting in their official capacity, or membership of one or more supported organizations have the prove to regularly apport or elect at least a monthy of the organization's diffeets, directors, or trustees at all times during the lax year? If 'No, 'describe In Part VI how the supported organization of the support organization and the company of the organization's diffeets, directors, or trustees at all times during the lax year? If 'No, 'describe In Part VI how the support organization's different organization appreciations, advectibulty, and the support organization of the support of organization of the support of organization of the purposes of the support of organization of the support of organization of the support of organization of the support of organizations of the support of organization of the support of organization of the support of organization's support of organization of the support of organization's directors or trustees during the lax year also a majority of the directors or trustees of each of the organization's support of organization of the support of organization's support organization was vested in the same persons that control of the support of organization was vested in the same persons that control of the organization's support of organization was vested in the same persons that control of the organization's of the organization's support organization was vested in the same persons that control of the organization's support organization was vested in the same persons that control of the organization's directors or trustees atter of the organization's support organization was vested in the organization suport advece by the support of organization's	-		11a		
provide detail in Part V. Section B. Type I Supporting Organizations Control to 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, airectors, or trustees at all times during the tax year? If "No." describe in Part V how the supported organizations are relatively appoint or elective organizations and what conditions or relatives. If we organization that more than one supported organization(s) that operated, supervised, or controlled the supporting organization. If Parts Whow providing such benefit carried out the purposes of the supported organizations in Part Whow providing such benefit carried out the purposes of the supported organization of the directors or trustees of each of the organization saturation is supported organization, if Parts Section C. Type II Supporting Organization are vested in the same parsons that controlled or managed the supported organization saturation's supported organization(s). Section D. All Type III Supporting Organization Yes No organization provide to each of the supported organization, by the last day of the filth month of the organization mantained a close and continuous working relations is supported organization(s). Yes No Yes of the organization is directors, or trustees either (i) appointed organization(s) Yes no organization is directors on the supported organization if "No." explain in Part V how providing organizations is objected organizations, by the last day of the fifth month of the organization is officers, directors, or trustees either (i) appointed or ganization(s). Yes No Yes on the test on the date of notification, the supported organization is supported organizations is supported organizations. Yes No Yes No Yes no organization is officers, directors, or trustees eithe	b				
Section 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization (second how the powers during the Parv V how to supported organization) is difficult organization and what conditions or restrictions, "I any, applied to such powers during the tax year. 1 2 Did the organization presented for the benefits of any supported organization organization. 2 2 Did the organization presented for the benefits of any supported organization (b) that operated, supporting organization? 1 3 Section C. Type II Supporting Organization was vested in the supported organization (s) that operated, supporting organization (s)? 1 4 Were a majority of the organization supported organization (s)? 1 5 Section D. All Type II Supporting Organization was vested in the same persons that controlled or managed the supported organization(s)? 1 1 Did the organization supported organization supported organization (s)? 1 2 Were a majority of the organization supported organization (s)? 1 5 Section D. All Type III Supporting Organizations, by the last day of the fifth month of the organization is supported organization (s)? 1	с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
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 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? <i>If "Yes" or "No," provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	3		20		
trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparization exercise a substantial degree of direction over the policies, programs, and activities of each		··· •			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b				
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			2
	instructions. All other Type III non-functionally integrated supporting organiz	zation	s must complete Section	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional			ting organization

Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 Maternal Help Hope Fund V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organi	27-44	51603 Page 7
	on D - Distributions	b) Supporting Organi		Current Year
	Amounts paid to supported organizations to accomplish ex		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte		
	organizations, in excess of income from activity		2	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations 3	
4 5	Amounts paid to acquire exempt-use assets	provide details in Part		
	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<u>VI)</u> 5 6	
7	Other distributions (<i>describe in Part VI</i>). See instructions. Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which	the organization is room	-	
0	(provide details in Part VI). See instructions.	the organization is resp	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount			
10			(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
	Distributable amount for 2022 from Section C. line C		Pre-2023	Amount for 2023
<u>1</u> 2	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - <i>explain in Part VI</i>). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
 	From 2018 From 2019			
	F 0000			
<u> </u>	E 0001			
	E 0000			
 f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
<u>g</u> h	Applied to underdistributions of phor years Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
- <u>+</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
5	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
a	Excess from 2020			
C	Free and free 0001			
d	Evenes from 2022			
e	Excess from 2022 Excess from 2023			
EEA				Schedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 Maternal Help Hope Fund
 27-4451603
 Page 8

 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.)
 Page 8

01. 10% Facts and Circumstances Test (Part II, line 17a or 17b)

The Organization has been very fortunate in receiving large private foundation grants in the past.

They continue to work on receiving contributions from the public to fulfill the public charity

test. The Organization continues to increase the number of donors and grants to support the

mission through the website, contacts, conferences and prior donors. They send out newsletters and

appeal letters to all interested parties on a regular basis throughout the year. They also hired a

professional writer to assist with the development process. The Organization is extremely

dedicated to women's health and the program percentage continues to be over 92% of the total

expenses due to their Board and volunteers.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or Form 990-PF.

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

Name of the organizat	tion	Employer Identification number
Maternal Help	Hope Fund	27-4451603
Organization type (cl	heck one):	
Filers of:	Section:	

Form 990 or 990-EZ	x	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or
 (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

SCHEDULE F		Stat	ement o	f Activitie	s Outside the Uni	ted States		OMB No. 1545-0047	
(Form 99	0)		Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						
Department of t	he Treasury		_		Open to Public				
Internal Revenu Name of the ord	le Service	(io to www.irs	.gov/Form990 to	or instructions and the latest	information.		Inspection entification number	
		a Fund							
	Help Hoj General	nformation o	n Activities	Outside the U	nited States. Complete if t		27-4451 nswered "		
	Form 990	, Part IV, line ´	14b.						
					stantiate the amount of its gran				
		or assistance?			nce, and the selection criteria us			🗙 Yes 🗌 No	
	-		art V the organi	zation's procedur	res for monitoring the use of its	grants and other ass	sistance		
outs	side the Unite	d States.							
3 Acti	vities per Reg	jion. (The followi	ng Part I, line 3	table can be du	plicated if additional space is no	eeded.)			
	(a) Region		(b) Number of offices in	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed a program se		(f) Total expenditures for	
			the region	agents, and independent	fundraising, program services, investments, grants to recipients	describe specific service(s) in the		and investments in the region	
				contractors in the region	located in the region)				
(1) Sub-S	aharan Af	frica			Program services	Oversight an	d Care	645,833	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(</u> 13)									
(14)									
<u>(15)</u>									

Subtotal

sheets to Part I Totals (add lines 3a and 3b)

Total from continuation

645,833

(16)

(17) 3a

b

С

Schedule F (Form 990) 2023 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

Maternal Help Hope Fund

27-4451603

Page **2**

Į	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan						
)			Africa	Oversight and ca	212,389	Wire transfer			
			Sub-Saharan						
)			Africa	Operating costs	55,325	Wire transfer			
			Sub-Saharan						
)			Africa	Operating Costs	25,000	Wire transfer			
			Sub-Saharan						
			Africa	Oversight and ca	292,825	Wire transfer			
			Sub-Saharan						
)			Africa	Operating costs	24,169	Wire transfer			
i)									
)									
)									
)									
0)									
1)									
2)			_						
3)									
4)									
5)									
6)									
				at are recognized as chariti grantee or counsel has prov					

Schedule F (Form 990) 2023

27-4451603

Page 3

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
1 8)							Schedule F (Form 990)

Schedule F (Form 990) 2023

EEA

F (Form 990) 2023 Maternal Help Hope Fund 2 IV Foreign Forms 2	27-445160	3		Page 4
Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"				
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	Г	Vaa	ایران	Na
Corporation (see the Instructions for Form 926)	···· L] Yes	M	No
Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may				
be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and				
Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	_	_	_	
U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	•••• [] Yes	x	No
Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"				
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To				
Certain Foreign Corporations (see the Instructions for Form 5471)	••••	Yes	х	No
Was the organization a direct or indirect shareholder of a passive foreign investment company or a				
qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,				
Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing				
Fund (see the Instructions for Form 8621) ••••••••••••••••••••••••••••••••••••	••••] Yes	x	No
Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"				
the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain				
Foreign Partnerships (see the Instructions for Form 8865)	••••] Yes	x	No
Did the organization have any operations in or related to any boycotting countries during the tax year? If				
"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see				
the instructions for Form 5713; don't file with Form 990)	[Yes	х	No

Schedule F (Form 990) 2023

Part V

Maternal Help Hope Fund

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.

27-4451603

Page 5

01. Use of grant monitoring procedures (Part I, line 2)

The Foundation is in regular contact with the recipients of the grant fund provided. They

meet electronically, travel in country and receive quarterly, semi-annual and/or annual

reports of progress. The management and oversight of the recipient organizations are

monitored by the Foundation depending on the needs of the recipient organization. Board

members make regular trips and/or have virtual or phone meetings to discuss management

matters. All payment requests are compared to the approved budget for the project and then

reviewed and approved by the Executive Director of the Foundation. The due diligence

includes discussions, references and/or background review as considered necessary.

Agreements with the recipient organization are approved by Foundation's Board of

Directors.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Maternal Help Hope Fund

Employer identification number 27-4451603

01. Committee meeting documentation (Part VI, line 8b)

The Fund does not have any committees with authority to act on behalf of the governing

board.

02. Form 990 governing body review (Part VI, line 11)

The Fund's Board of Directors receives a copy of the Form 990 to review prior to

submission to the IRS.

03. Conflict of interest policy compliance (Part VI, line 12c)

In connection with any actual or possible conflicts of interest, an interested person must

disclose the existence of his or her financial interest and dualities of interest and all

material facts to the Directors, considering the proposed transaction or arrangement. Such

disclosure shall be made when a potential conflict of interest or duality of interest

arises.

04. Form 990 availability to public (Part VI, line 18)

The Fund's Form 990 and Form 1023 are on the Organization's website and available to the

public upon request.

05. Governing documents, etc, available to public (Part VI, line 19)

The Fund makes it governing documents, conflict of interest policy, and annual financial

statements available to the public upon request.

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Rounding

Name(s) as shown on return

Maternal Help Hope Fund

2023 PG01 Your Social Security Number

27-4451603

Statement #4

Form 990-Part III(a) Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$24881
Grants and allocations included in above expense	\$24169
Program Services Revenue	\$0

Explanation

The Foundation provides facilities, project management, financial resources, and medical staff training for a dedicated women's community hospital in the central region of Ghana that focuses on treatment of obstetric fistula with treatment capacity for 300 women per year. This hospital is the "Mercy Women's Catholic Hospital-Fistula Unit" in Mankessim, Ghana. We support a holistic program including patient identification, mobilization, rehabilitation and reintegration.