

MAYA'S HOPE FOUNDATION, INC.

FORM 1023



Department of the Treasury  
Internal Revenue Service

**Notice 1382**

(Rev. September 2009)

**Changes for Form 1023:**

- Mailing address
- Parts IX, X and XI

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**Changes for Form 1023, Application for  
Recognition of Exemption Under Section  
501(c)(3) of the Internal Revenue Code**

**Change of Mailing Address**

The mailing address shown on Form 1023 Checklist, page 28, the first address under the last checkbox; and in the Instructions for Form 1023, page 4 under *Where to File*, has been changed to:

Internal Revenue Service  
P.O. Box 12192  
Covington, KY 41012-0192

**Changes for Parts IX and X**

Changes to Parts IX and X are necessary to comply with new regulations that eliminated the advance ruling process. Until Form 1023 is revised to reflect this change, please follow the directions on this notice when completing Part IX and Part X of Form 1023. For more information about the elimination of the advance ruling process, visit us at [www.irs.gov](http://www.irs.gov) and click on *Charities & Non-Profits*.

**Part IX. Financial Data**

The instructions at the top of Part IX on page 9 of Form 1023 are now as follows. For purposes of this schedule, years in existence refer to completed tax years.

1. If in existence less than 5 years, complete the statement for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of:

- a. Three years of financial information if you have not completed one tax year, or
- b. Four years of financial information if you have completed one tax year.

2. If in existence 5 or more years, complete the schedule for the most recent 5 tax years. You will need to provide a separate statement that includes information about the most recent 5 tax years because the data table in Part IX, has not been updated to provide for a 5th year.

**Part X. Public Charity Status**

**Do not complete** line 6a on page 11 of Form 1023, and **do not sign** the form under the heading "Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code."

**Only complete** line 6b and line 7 on page 11 of Form 1023, if in existence 5 or more tax years.

## **Part XI. Increase in User Fees.**

User fee increases are effective for all applications postmarked after January 3, 2010.

1. \$400 for organizations whose gross receipts do not exceed \$10,000 or less annually over a 4-year period.
2. \$850 for organizations whose gross receipts exceed \$10,000 annually over a 4-year period.

See [www.irs.gov](http://www.irs.gov) web page link on Form 1023, page 12, Part XI, User Fee Information, for the current user fees.

Cyber Assistant, a web-based software program designed to help organizations prepare a complete and accurate Form 1023 application, will become available during 2010. Once the IRS announces the availability of Cyber Assistant, the user fees will change again.

1. \$200 for organizations using Cyber Assistant (regardless of size) to prepare their Form 1023, or
2. \$850 for all other organizations not using Cyber Assistant (regardless of size) to prepare their Form 1023.

IRS will announce when Cyber Assistant is available and the effective date of the user fee change. Sign up for the *Exempt Organization (EO) Update*, EO's subscription newsletter, at [www.irs.gov/charities](http://www.irs.gov/charities), to automatically receive an alert that Cyber Assistant is available.

**Application for Recognition of Exemption  
Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056

**Note:** If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

**Part I Identification of Applicant**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|--|
| <b>1</b> Full name of organization (exactly as it appears in your organizing document)                                                                                                                                                                                                                                                                                                                                                                            |            | <b>2</b> c/o Name (if applicable)                                   |  |
| Maya's Hope Foundation, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Michael Meltzer                                                     |  |
| <b>3</b> Mailing address (Number and street) (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                   | Room/Suite | <b>4</b> Employer Identification Number (EIN)                       |  |
| 5 East 22nd Street                                                                                                                                                                                                                                                                                                                                                                                                                                                | #3E        | 27-3889674                                                          |  |
| City or town, state or country, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                                       |            | <b>5</b> Month the annual accounting period ends (01 - 12)          |  |
| New York, NY 10010-5320                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 12                                                                  |  |
| <b>6</b> Primary contact (officer, director, trustee, or authorized representative)<br>a Name: Michael Meltzer                                                                                                                                                                                                                                                                                                                                                    |            | b Phone: 917-653-6206                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | c Fax: (optional)                                                   |  |
| <b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.                                                        |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>9a</b> Organization's website: <a href="http://www.mayashope.org">http://www.mayashope.org</a>                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                     |  |
| <b>b</b> Organization's email: (optional) <a href="mailto:info@mayashope.org">info@mayashope.org</a>                                                                                                                                                                                                                                                                                                                                                              |            |                                                                     |  |
| <b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.                                                                                                                          |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                |            | 11 / 02 / 2010                                                      |  |
| <b>12</b> Were you formed under the laws of a foreign country?<br>If "Yes," state the country.                                                                                                                                                                                                                                                                                                                                                                    |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1** Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. ☒ **Yes** ☐ **No**
- 2** Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. ☐ **Yes** ☒ **No**
- 3** Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. ☐ **Yes** ☒ **No**
- 4a** Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. ☐ **Yes** ☒ **No**
- b** Have you been funded? If "No," explain how you are formed without anything of value placed in trust. ☐ **Yes** ☒ **No**
- 5** Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. ☒ **Yes** ☐ **No**

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1** Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Page 3, Article Eighth ☒
- 2a** Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c. ☒
- 2b** If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Page 4, Article Twelfth
- 2c** See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: ☐

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

- 1a** List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

| Name             | Title          | Mailing address                                 | Compensation amount<br>(annual actual or estimated) |
|------------------|----------------|-------------------------------------------------|-----------------------------------------------------|
| Maya Rowencak    | President      | 503 West 47th Street #2FW<br>New York, NY 10036 | none                                                |
| Alexandra Gerros | Vice-President | 548 Prospect Avenue #3<br>Brooklyn, NY 11215    | none                                                |
| Michael Meltzer  | Treasurer      | 5 East 22nd Street #3E<br>New York, NY 10010    | none                                                |
| David Cohen      | Secretary      | 132 East 35th Street #5E<br>New York, NY 10016  | none                                                |
|                  |                |                                                 |                                                     |

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

| Name | Title | Mailing address | Compensation amount<br>(annual actual or estimated) |
|------|-------|-----------------|-----------------------------------------------------|
|      |       |                 |                                                     |
|      |       |                 |                                                     |
|      |       |                 |                                                     |
|      |       |                 |                                                     |
|      |       |                 |                                                     |

- c** List the names, names of businesses, and mailing addresses of your five highest compensated **independent contractors** that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

| Name | Title | Mailing address | Compensation amount<br>(annual actual or estimated) |
|------|-------|-----------------|-----------------------------------------------------|
|      |       |                 |                                                     |
|      |       |                 |                                                     |
|      |       |                 |                                                     |
|      |       |                 |                                                     |
|      |       |                 |                                                     |

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No

- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. ☐ Yes ☒ No

- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No

- 3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. ☐ Yes ☒ No

- 4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☒ Yes ☐ No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? ☒ Yes ☐ No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? ☒ Yes ☐ No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☒ **Yes** ☐ **No**
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☒ **Yes** ☐ **No**
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? ☒ **Yes** ☐ **No**
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

- 5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. ☒ **Yes** ☐ **No**
- b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?
- c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

**Note:** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

- 6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ **Yes** ☒ **No**
- b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ **Yes** ☒ **No**

- 7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. ☐ **Yes** ☒ **No**
- b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. ☐ **Yes** ☒ **No**

- 8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. ☐ **Yes** ☒ **No**
- b** Describe any written or oral arrangements that you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at **arm's length**.
- e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.
- f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

- 9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. ☐ **Yes** ☒ **No**

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b** Describe any written or oral arrangements you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f** Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1a** In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. ☒ **Yes** ☐ **No**
- b** In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. ☒ **Yes** ☐ **No**
- 2** Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. ☐ **Yes** ☒ **No**
- 3** Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. ☐ **Yes** ☒ **No**

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1** Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. ☐ **Yes** ☒ **No**
- 2** Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. ☐ **Yes** ☒ **No**

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past*, *present*, and *planned* activities. (See instructions.)

- 1** Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. ☐ **Yes** ☒ **No**
- 2a** Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. ☐ **Yes** ☒ **No**
- b** Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. ☐ **Yes** ☐ **No**
- 3a** Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. ☐ **Yes** ☒ **No**
- b** Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. ☐ **Yes** ☒ **No**
- c** List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.



**Part VIII Your Specific Activities (Continued)**

**4a** Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) ☒ **Yes** ☐ **No**

☒ mail solicitations

☒ email solicitations

☒ personal solicitations

☐ vehicle, boat, plane, or similar donations

☒ foundation grant solicitations

☒ phone solicitations

☒ accept donations on your website

☒ receive donations from another organization's website

☐ government grant solicitations

☒ Other

Attach a description of each fundraising program.

**b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. ☒ **Yes** ☐ **No**

**c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. ☒ **Yes** ☐ **No**

**d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

**e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. ☐ **Yes** ☒ **No**

**5** Are you **affiliated** with a governmental unit? If "Yes," explain. ☐ **Yes** ☒ **No**

**6a** Do you or will you engage in **economic development**? If "Yes," describe your program. ☐ **Yes** ☒ **No**

**b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

**7a** Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

**b** Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. ☐ **Yes** ☒ **No**

**c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

**8** Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. ☐ **Yes** ☒ **No**

**9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. ☐ **Yes** ☒ **No**

**b** Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

**c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

**d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). ☐ **Yes** ☐ **No**

**10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. ☐ **Yes** ☒ **No**

**Part VIII Your Specific Activities (Continued)**

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. ☐ Yes ☒ No
- 
- 12a** Do you or will you operate in a **foreign country** or **countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. ☐ Yes ☒ No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. ☒ Yes ☐ No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. ☒ Yes ☐ No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. ☒ Yes ☐ No
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. ☒ Yes ☐ No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. ☒ Yes ☐ No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. ☐ Yes ☒ No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☒ Yes ☐ No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ Yes ☒ No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. ☒ Yes ☐ No

**Part VIII Your Specific Activities (Continued)**

- |           |                                                                                                                                                                                                                    |                                                |                                               |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| <b>15</b> | Do you have a <b>close connection</b> with any organizations? If "Yes," explain.                                                                                                                                   | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b>            |
| <b>16</b> | Are you applying for exemption as a <b>cooperative hospital service organization</b> under section 501(e)? If "Yes," explain.                                                                                      | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>17</b> | Are you applying for exemption as a <b>cooperative service organization of operating educational organizations</b> under section 501(f)? If "Yes," explain.                                                        | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>18</b> | Are you applying for exemption as a <b>charitable risk pool</b> under section 501(n)? If "Yes," explain.                                                                                                           | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>19</b> | Do you or will you operate a <b>school</b> ? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity.                                           | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>20</b> | Is your main function to provide <b>hospital or medical care</b> ? If "Yes," complete Schedule C.                                                                                                                  | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>21</b> | Do you or will you provide <b>low-income housing</b> or housing for the <b>elderly or handicapped</b> ? If "Yes," complete Schedule F.                                                                             | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |
| <b>22</b> | Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. | <input type="checkbox"/> <b>Yes</b>            | <input checked="" type="checkbox"/> <b>No</b> |

**Note:** Private foundations may use Schedule H to request advance approval of individual grant procedures.

**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

**A. Statement of Revenues and Expenses**

|          | Type of revenue or expense                                                                                                                                                                  | Current tax year                               | 3 prior tax years or 2 succeeding tax years    |                                                |                | (e) Provide Total for<br>(a) through (d) |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|----------------|------------------------------------------|
|          |                                                                                                                                                                                             | (a) From <u>01/01/11</u><br>To <u>12/31/11</u> | (b) From <u>01/01/12</u><br>To <u>12/31/12</u> | (c) From <u>01/01/13</u><br>To <u>12/31/13</u> | (d) From ..... |                                          |
| Revenues | <b>1</b> Gifts, grants, and contributions received (do not include unusual grants)                                                                                                          | 100,000                                        | 150,000                                        | 175,000                                        |                | 425,000                                  |
|          | <b>2</b> Membership fees received                                                                                                                                                           | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>3</b> Gross investment income                                                                                                                                                            | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>4</b> Net unrelated business income                                                                                                                                                      | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>5</b> Taxes levied for your benefit                                                                                                                                                      | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)             | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)                                                                                            | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>8</b> Total of lines 1 through 7                                                                                                                                                         | 100,000                                        | 150,000                                        | 175,000                                        |                | 425,000                                  |
|          | <b>9</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list) | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>10</b> Total of lines 8 and 9                                                                                                                                                            | 100,000                                        | 150,000                                        | 175,000                                        |                | 425,000                                  |
|          | <b>11</b> Net gain or loss on sale of capital assets (attach schedule and see instructions)                                                                                                 | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>12</b> Unusual grants                                                                                                                                                                    | 0                                              | 0                                              | 0                                              |                | 0                                        |
|          | <b>13</b> Total Revenue<br>Add lines 10 through 12                                                                                                                                          |                                                |                                                |                                                |                |                                          |
| Expenses | <b>14</b> Fundraising expenses                                                                                                                                                              | 21,000                                         | 30,000                                         | 40,000                                         |                |                                          |
|          | <b>15</b> Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)                                                                                              | 70,000                                         | 100,000                                        | 110,000                                        |                |                                          |
|          | <b>16</b> Disbursements to or for the benefit of members (attach an itemized list)                                                                                                          | 0                                              | 0                                              | 0                                              |                |                                          |
|          | <b>17</b> Compensation of officers, directors, and trustees                                                                                                                                 | 0                                              | 0                                              | 0                                              |                |                                          |
|          | <b>18</b> Other salaries and wages                                                                                                                                                          | 1,000                                          | 2,000                                          | 2,500                                          |                |                                          |
|          | <b>19</b> Interest expense                                                                                                                                                                  | 0                                              | 0                                              | 0                                              |                |                                          |
|          | <b>20</b> Occupancy (rent, utilities, etc.)                                                                                                                                                 | 1,200                                          | 1,200                                          | 1,200                                          |                |                                          |
|          | <b>21</b> Depreciation and depletion                                                                                                                                                        | 0                                              | 0                                              | 0                                              |                |                                          |
|          | <b>22</b> Professional fees                                                                                                                                                                 | 1,000                                          | 500                                            | 500                                            |                |                                          |
|          | <b>23</b> Any expense not otherwise classified, such as program services (attach itemized list)                                                                                             | 0                                              |                                                | 0                                              |                |                                          |
|          | <b>24</b> Total Expenses<br>Add lines 14 through 23                                                                                                                                         | 94,200                                         | 133,700                                        | 154,200                                        |                |                                          |

**Part IX Financial Data (Continued)****B. Balance Sheet (for your most recently completed tax year)**

Year End:

(Whole dollars)

|                                    |                                                                                                                                                                                                       |              |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Assets</b>                      |                                                                                                                                                                                                       |              |
| 1                                  | Cash . . . . .                                                                                                                                                                                        | 2,698        |
| 2                                  | Accounts receivable, net . . . . .                                                                                                                                                                    | 0            |
| 3                                  | Inventories . . . . .                                                                                                                                                                                 | 125          |
| 4                                  | Bonds and notes receivable (attach an itemized list) . . . . .                                                                                                                                        | 0            |
| 5                                  | Corporate stocks (attach an itemized list) . . . . .                                                                                                                                                  | 0            |
| 6                                  | Loans receivable (attach an itemized list) . . . . .                                                                                                                                                  | 0            |
| 7                                  | Other investments (attach an itemized list) . . . . .                                                                                                                                                 | 0            |
| 8                                  | Depreciable and depletable assets (attach an itemized list) . . . . .                                                                                                                                 | 0            |
| 9                                  | Land . . . . .                                                                                                                                                                                        | 0            |
| 10                                 | Other assets (attach an itemized list) . . . . .                                                                                                                                                      | 0            |
| 11                                 | <b>Total Assets (add lines 1 through 10)</b> . . . . .                                                                                                                                                | <b>2,823</b> |
| <b>Liabilities</b>                 |                                                                                                                                                                                                       |              |
| 12                                 | Accounts payable . . . . .                                                                                                                                                                            | 0            |
| 13                                 | Contributions, gifts, grants, etc. payable . . . . .                                                                                                                                                  | 0            |
| 14                                 | Mortgages and notes payable (attach an itemized list) . . . . .                                                                                                                                       | 0            |
| 15                                 | Other liabilities (attach an itemized list) . . . . .                                                                                                                                                 | 0            |
| 16                                 | <b>Total Liabilities (add lines 12 through 15)</b> . . . . .                                                                                                                                          | <b>0</b>     |
| <b>Fund Balances or Net Assets</b> |                                                                                                                                                                                                       |              |
| 17                                 | <b>Total fund balances or net assets</b> . . . . .                                                                                                                                                    | <b>2,823</b> |
| 18                                 | <b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b> . . . . .                                                                                                              | <b>2,823</b> |
| 19                                 | Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |

**Part X Public Charity Status**

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. ☐ Yes ☒ No  
If you are unsure, see the instructions.

b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. ☐

2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. ☐ Yes ☐ No

3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. ☐ Yes ☐ No

4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? ☐ Yes ☐ No

5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.

The organization is not a private foundation because it is:

a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A. ☐

b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. ☐

c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. ☐

d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D. ☐

**Part X Public Charity Status (Continued)**

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☐
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☒
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☐

**Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

For Organization

(Signature of Officer, Director, Trustee, or other authorized official)

(Type or print name of signer)

(Date)

(Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☐

(i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. \_\_\_\_\_

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐

(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box. ☐

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ Yes ☐ No

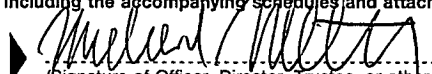
**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$750. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$300. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at [www.irs.gov](http://www.irs.gov) and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☐ Yes ☒ No  
If "Yes," check the box on line 2 and enclose a user fee payment of \$300 (Subject to change—see above).  
If "No," check the box on line 3 and enclose a user fee payment of \$750 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$300 (Subject to change). ☐
- 3 Check the box if you have enclosed the user fee payment of \$750 (Subject to change). ☒

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please  
Sign  
Here

  
(Signature of Officer, Director, Trustee, or other  
authorized official)

**Michael Meltzer**

(Type or print name of signer)

(Date)

6/23/11

**Treasurer-Director**

(Type or print title or authority of signer)

**Reminder:** Send the completed Form 1023 Checklist with your filled-in-application.

Form **1023** (Rev. 6-2006)

**Schedule A. Churches**

- 1a** Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," attach copies of relevant documents. ☐ Yes ☐ No
- b** Do you have a form of worship? If "Yes," describe your form of worship. ☐ Yes ☐ No
- 2a** Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline. ☐ Yes ☐ No
- b** Do you have a distinct religious history? If "Yes," describe your religious history. ☐ Yes ☐ No
- c** Do you have a literature of your own? If "Yes," describe your literature. ☐ Yes ☐ No
- 3** Describe the organization's religious hierarchy or ecclesiastical government.
- 4a** Do you have regularly scheduled religious services? If "Yes," describe the nature of the services and provide representative copies of relevant literature such as church bulletins. ☐ Yes ☐ No
- b** What is the average attendance at your regularly scheduled religious services? \_\_\_\_\_
- 5a** Do you have an established place of worship? If "Yes," refer to the instructions for the information required. ☐ Yes ☐ No
- b** Do you own the property where you have an established place of worship? ☐ Yes ☐ No
- 6** Do you have an established congregation or other regular membership group? If "No," refer to the instructions. ☐ Yes ☐ No
- 7** How many members do you have? \_\_\_\_\_
- 8a** Do you have a process by which an individual becomes a member? If "Yes," describe the process and complete lines 8b-8d, below. ☐ Yes ☐ No
- b** If you have members, do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have. ☐ Yes ☐ No
- c** May your members be associated with another denomination or church? ☐ Yes ☐ No
- d** Are all of your members part of the same family? ☐ Yes ☐ No
- 9** Do you conduct baptisms, weddings, funerals, etc.? ☐ Yes ☐ No
- 10** Do you have a school for the religious instruction of the young? ☐ Yes ☐ No
- 11a** Do you have a minister or religious leader? If "Yes," describe this person's role and explain whether the minister or religious leader was ordained, commissioned, or licensed after a prescribed course of study. ☐ Yes ☐ No
- b** Do you have schools for the preparation of your ordained ministers or religious leaders? ☐ Yes ☐ No
- 12** Is your minister or religious leader also one of your officers, directors, or trustees? ☐ Yes ☐ No
- 13** Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure. ☐ Yes ☐ No
- 14** Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. Include the name of the group of churches. ☐ Yes ☐ No
- 15** Do you issue church charters? If "Yes," describe the requirements for issuing a charter. ☐ Yes ☐ No
- 16** Did you pay a fee for a church charter? If "Yes," attach a copy of the charter. ☐ Yes ☐ No
- 17** Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain. ☐ Yes ☐ No



**Schedule B. Schools, Colleges, and Universities**

If you operate a school as an activity, complete Schedule B

**Section I Operational Information**

- 1a** Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B. ☐ Yes ☐ No
- b** Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B. ☐ Yes ☐ No
- 2a** Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. ☐ Yes ☐ No
- b** Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B. ☐ Yes ☐ No
- 3** In what public school district, county, and state are you located?
- 4** Were you formed or substantially expanded at the time of public school desegregation in the above school district or county? ☐ Yes ☐ No
- 5** Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain. ☐ Yes ☐ No
- 6** Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain. ☐ Yes ☐ No
- 7** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services. ☐ Yes ☐ No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 7a.

- 8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. ☐ Yes ☐ No

**Note.** Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

**Section II Establishment of Racially Nondiscriminatory Policy**Information required by **Revenue Procedure 75-50.**

- 1** Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Publication 557. ☐ Yes ☐ No
- 2** Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? ☐ Yes ☐ No
- a** If "Yes," attach a representative sample of each document.
- b** If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement. ☐
- 3** Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? (See the instructions for specific requirements.) If "No," explain. ☐ Yes ☐ No
- 4** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully. ☐ Yes ☐ No



**Schedule C. Hospitals and Medical Research Organizations**

Check the box if you are a **hospital**. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing **hospital or medical care**. Complete Section I below. ☐

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II. ☐

**Section I Hospitals**

- |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>1a</b> | Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected.                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>2a</b> | Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain.                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain.                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>c</b>  | Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain.                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>3a</b> | Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain.                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | Does the same deposit requirement, if any, apply to all other patients? If "No," explain.                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>4a</b> | Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide.                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy.                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>c</b>  | Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements.                                                                                                                                                                                                                                               | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>5a</b> | Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e.                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |
| <b>c</b>  | Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.                                                                                                                                                                                                                                                                                                                                |                                                                        |
| <b>d</b>  | Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.                                                                                                                                                                                                                                                                                                                        |                                                                        |
| <b>e</b>  | Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule.                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>6a</b> | Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs.                                                                                                                                                                                                 | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs.                                                                                                                                                                                                                                   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>7</b>  | Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements.                                                                                                                                                                                                                                        | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>8</b>  | Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative.                                                                                                                                               | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>9</b>  | Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements. | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
- Note.** Make sure your answer is consistent with the information provided in Part VIII, line 8.

**Schedule C. Hospitals and Medical Research Organizations (Continued)****Section I Hospitals (Continued)**

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. ☐ Yes ☐ No
- Note.** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.
- 
- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies. ☐ Yes ☐ No
- 
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease. ☐ Yes ☐ No
- 
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals. ☐ Yes ☐ No
- 
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings. ☐ Yes ☐ No

**Section II Medical Research Organizations**

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
- 
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
- 
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.

**Schedule D. Section 509(a)(3) Supporting Organizations****Section I Identifying Information About the Supported Organization(s)**

- 1 State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

| Name                     | Address                                             | EIN       |
|--------------------------|-----------------------------------------------------|-----------|
| Bethlehem House of Bread | Little Baguio, Baliuag<br>Bulacan, Philippines 3006 | - see att |
|                          |                                                     | -         |

- 2 Are all supported organizations listed in line 1 public charities under section 509(a)(1) or (2)? If "Yes," go to Section II. If "No," go to line 3. ☐ Yes ☒ No

- 3 Do the supported organizations have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)? ☐ Yes ☒ No

If "Yes," for each 501(c)(4), (5), or (6) organization supported, provide the following financial information:

- Part IX-A. Statement of Revenues and Expenses, lines 1-13 and
- Part X, lines 6b(ii)(a), 6b(ii)(b), and 7.

If "No," attach a statement describing how each organization you support is a public charity under section 509(a)(1) or (2).

**Section II Relationship with Supported Organization(s)—Three Tests**

To be classified as a supporting organization, an organization must meet one of three relationship tests:

Test 1: "Operated, supervised, or controlled by" one or more publicly supported organizations, or

Test 2: "Supervised or controlled in connection with" one or more publicly supported organizations, or

Test 3: "Operated in connection with" one or more publicly supported organizations.

- 1 Information to establish the "operated, supervised, or controlled by" relationship (Test 1)  
Is a majority of your governing board or officers elected or appointed by the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," continue to line 2. ☐ Yes ☒ No
- 2 Information to establish the "supervised or controlled in connection with" relationship (Test 2)  
Does a majority of your governing board consist of individuals who also serve on the governing board of the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," go to line 3. ☐ Yes ☒ No
- 3 Information to establish the "operated in connection with" responsiveness test (Test 3)  
Are you a trust from which the named supported organization(s) can enforce and compel an accounting under state law? If "Yes," explain whether you advised the supported organization(s) in writing of these rights and provide a copy of the written communication documenting this; go to Section II, line 5. If "No," go to line 4a. ☐ Yes ☒ No
- 4 Information to establish the alternative "operated in connection with" responsiveness test (Test 3)
- a Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4b. ☐ Yes ☒ No
- b Do one or more members of the governing body of the supported organization(s) also serve as your officers, directors, or trustees or hold other important offices with respect to you? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4c. ☐ Yes ☒ No
- c Do your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of the supported organization(s)? If "Yes," explain and provide documentation. ☒ Yes ☐ No
- d Do the supported organization(s) have a significant voice in your investment policies, in the making and timing of grants, and in otherwise directing the use of your income or assets? If "Yes," explain and provide documentation. ☐ Yes ☒ No
- e Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

**Schedule D. Section 509(a)(3) Supporting Organizations (Continued)****Section II Relationship with Supported Organization(s)—Three Tests (Continued)**

- 5** Information to establish the "operated in connection with" integral part test (Test 3)  
Do you conduct activities that would otherwise be carried out by the supported organization(s)? If "Yes," explain and go to Section III. If "No," continue to line 6a. ☒ **Yes** ☐ **No**
- 6** Information to establish the alternative "operated in connection with" integral part test (Test 3)  
**a** Do you distribute at least 85% of your annual **net income** to the supported organization(s)? If "Yes," go to line 6b. (See instructions.) ☐ **Yes** ☐ **No**  
If "No," state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.  
**b** How much do you contribute annually to each supported organization? Attach a schedule.  
**c** What is the total annual revenue of each supported organization? If you need additional space, attach a list.  
**d** Do you or the supported organization(s) **earmark** your funds for support of a particular program or activity? If "Yes," explain. ☐ **Yes** ☐ **No**
- 7a** Does your organizing document specify the supported organization(s) by name? If "Yes," state the article and paragraph number and go to Section III. If "No," answer line 7b. ☐ **Yes** ☐ **No**  
**b** Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).

**Section III Organizational Test**

- 1a** If you met relationship Test 1 or Test 2 in Section II, your organizing document must specify the supported organization(s) by name, or by naming a similar purpose or charitable class of beneficiaries. If your organizing document complies with this requirement, answer "Yes." If your organizing document does not comply with this requirement, answer "No," and see the instructions. ☒ **Yes** ☐ **No**
- b** If you met relationship Test 3 in Section II, your organizing document must generally specify the supported organization(s) by name. If your organizing document complies with this requirement, answer "Yes," and go to Section IV. If your organizing document does not comply with this requirement, answer "No," and see the instructions. ☐ **Yes** ☒ **No**

**Section IV Disqualified Person Test**

You do not qualify as a supporting organization if you are **controlled** directly or indirectly by one or more **disqualified persons** (as defined in section 4946) other than **foundation managers** or one or more organizations that you support. Foundation managers who are also disqualified persons for another reason are disqualified persons with respect to you.

- 1a** Do any persons who are disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If "Yes," (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons. ☐ **Yes** ☒ **No**
- b** Do any persons who have a family or business relationship with any disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If "Yes," (1) describe the process by which individuals with a family or business relationship with disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons, the individuals with a family or business relationship with disqualified persons, and the foundation managers appointed, and (3) explain how control is vested over your operations (including assets and activities) in individuals other than disqualified persons. ☐ **Yes** ☒ **No**
- c** Do any persons who are disqualified persons, (except individuals who are disqualified persons only because they are foundation managers), have any influence regarding your operations, including your assets or activities? If "Yes," (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons. ☐ **Yes** ☒ **No**

**Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation**

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier. If you are not eligible for tax exemption under section 501(c)(3) from your date of incorporation or formation, Schedule E is also intended to determine whether you are eligible for tax exemption under section 501(c)(4) for the period between your date of incorporation or formation and the postmark date of your application.

- |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>1</b>  | Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E.                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>2a</b> | Are you a public charity with annual <b>gross receipts</b> that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts.                                                                                                                                                                                                                                                                | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | If your gross receipts were normally more than \$5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here.                                                                                                                                                                                                                                            | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>3a</b> | Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4.                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</b>  | If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here.                                                                                                                                       | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>c</b>  | If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here.                                                                                                                                                                                                        | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>4</b>  | Were you created on or before October 9, 1969? If "Yes," stop here. Do not complete the remainder of this schedule.                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>5</b>  | If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6, 7, or 8. If "No," go to line 6a. | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>6a</b> | If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date? If "Yes," you are eligible for an advance ruling. Complete Part X, line 6a. If "No," you will be treated as a private foundation.                                                                                           | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
|           | <b>Note.</b> Be sure your ruling eligibility agrees with your answer to Part X, line 6.                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |
| <b>b</b>  | Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below.                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |

**Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation (Continued)**

- 7** Complete this item only if you answered "Yes" to line 6b. Include projected revenue for the first two full years following the current tax year.

| Type of Revenue                                                                                                                                                                              | Projected revenue for 2 years following current tax year |                      |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------|-----------|
|                                                                                                                                                                                              | (a) From .....<br>To                                     | (b) From .....<br>To | (c) Total |
| <b>1</b> Gifts, grants, and contributions received (do not include unusual grants)                                                                                                           |                                                          |                      |           |
| <b>2</b> Membership fees received                                                                                                                                                            |                                                          |                      |           |
| <b>3</b> Gross investment income                                                                                                                                                             |                                                          |                      |           |
| <b>4</b> Net unrelated business income                                                                                                                                                       |                                                          |                      |           |
| <b>5</b> Taxes levied for your benefit                                                                                                                                                       |                                                          |                      |           |
| <b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)              |                                                          |                      |           |
| <b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)                                                                                             |                                                          |                      |           |
| <b>8</b> Total of lines 1 through 7                                                                                                                                                          |                                                          |                      |           |
| <b>9</b> Gross receipts from admissions, merchandise sold, or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list) |                                                          |                      |           |
| <b>10</b> Total of lines 8 and 9                                                                                                                                                             |                                                          |                      |           |
| <b>11</b> Net gain or loss on sale of capital assets (attach an itemized list)                                                                                                               |                                                          |                      |           |
| <b>12</b> Unusual grants                                                                                                                                                                     |                                                          |                      |           |
| <b>13</b> Total revenue. Add lines 10 through 12                                                                                                                                             |                                                          |                      |           |

- 8** According to your answers, you are only eligible for tax exemption under section 501(c)(3) from the postmark date of your application. However, you may be eligible for tax exemption under section 501(c)(4) from your date of formation to the postmark date of the Form 1023. Tax exemption under section 501(c)(4) allows exemption from federal income tax, but generally not deductibility of contributions under Code section 170. Check the box at right if you want us to treat this as a request for exemption under 501(c)(4) from your date of formation to the postmark date.



Attach a completed Page 1 of Form 1024, Application for Recognition of Exemption Under Section 501(a), to this application.



**Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing****Section I General Information About Your Housing**

**1** Describe the type of housing you provide.

**2** Provide copies of any application forms you use for admission.

**3** Explain how the public is made aware of your facility.

**4a** Provide a description of each facility.

**b** What is the total number of residents each facility can accommodate?

**c** What is your current number of residents in each facility?

**d** Describe each facility in terms of whether residents rent or purchase housing from you.

**5** Attach a sample copy of your residency or homeownership contract or agreement.

**6** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements.

☐ Yes

☐ No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 8.

**7** Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services.

☐ Yes

☐ No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 7a.

**8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services.

☐ Yes

☐ No

**Note.** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

**9** Do you participate in any government housing programs? If "Yes," describe these programs.

☐ Yes

☐ No

**10a** Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b.

☐ Yes

☐ No

**b** How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.

**c** Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases.

☐ Yes

☐ No

**Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing (Continued)****Section II Homes for the Elderly or Handicapped**

- 1a** Do you provide housing for the elderly? If "Yes," describe who qualifies for your housing in terms of age, infirmity, or other criteria and explain how you select persons for your housing. ☐ Yes ☐ No
- b** Do you provide housing for the handicapped? If "Yes," describe who qualifies for your housing in terms of disability, income levels, or other criteria and explain how you select persons for your housing. ☐ Yes ☐ No
- 
- 2a** Do you charge an entrance or founder's fee? If "Yes," describe what this charge covers, whether it is a one-time fee, how the fee is determined, whether it is payable in a lump sum or on an installment basis, whether it is refundable, and the circumstances, if any, under which it may be waived. ☐ Yes ☐ No
- b** Do you charge periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. ☐ Yes ☐ No
- c** Is your housing affordable to a significant segment of the elderly or handicapped persons in the community? Identify your **community**. Also, if "Yes," explain how you determine your housing is affordable. ☐ Yes ☐ No
- 
- 3a** Do you have an established policy concerning residents who become unable to pay their regular charges? If "Yes," describe your established policy. ☐ Yes ☐ No
- b** Do you have any arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges? If "Yes," describe these arrangements. ☐ Yes ☐ No
- 
- 4** Do you have arrangements for the healthcare needs of your residents? If "Yes," describe these arrangements. ☐ Yes ☐ No
- 
- 5** Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of the elderly or handicapped? If "Yes," describe these design features. ☐ Yes ☐ No

**Section III Low-Income Housing**

- 1** Do you provide low-income housing? If "Yes," describe who qualifies for your housing in terms of income levels or other criteria, and describe how you select persons for your housing. ☐ Yes ☐ No
- 
- 2** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. ☐ Yes ☐ No
- 
- 3a** Is your housing affordable to low income residents? If "Yes," describe how your housing is made affordable to low-income residents. ☐ Yes ☐ No
- Note.** Revenue Procedure 96-32, 1996-1 C.B. 717, provides guidelines for providing low-income housing that will be treated as charitable. (At least 75% of the units are occupied by low-income tenants or 40% are occupied by tenants earning not more than 120% of the very low-income levels for the area.)
- b** Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions. ☐ Yes ☐ No
- 
- 4** Do you provide social services to residents? If "Yes," describe these services. ☐ Yes ☐ No

**Schedule G. Successors to Other Organizations**

**1a** Are you a **successor to a for-profit organization**? If "Yes," explain the relationship with the predecessor organization that resulted in your creation and complete line 1b. ☐ **Yes** ☐ **No**

**b** Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

**2a** Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation. ☐ **Yes** ☐ **No**

**b** Provide the tax status of the predecessor organization.

**c** Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved. ☐ **Yes** ☐ **No**

**d** Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption. ☐ **Yes** ☐ **No**

**e** Explain why you took over the activities or assets of another organization.

**3** Provide the name, last address, and EIN of the predecessor organization and describe its activities.

**Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**4** List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

| Name | Address | Share/Interest (If a for-profit) |
|------|---------|----------------------------------|
|      |         |                                  |
|      |         |                                  |
|      |         |                                  |
|      |         |                                  |
|      |         |                                  |
|      |         |                                  |

**5** Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest. ☐ **Yes** ☐ **No**

**6a** Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof. ☐ **Yes** ☐ **No**

**b** Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions. ☐ **Yes** ☐ **No**

**c** Provide a copy of the agreement(s) of sale or transfer.

**7** Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. ☐ **Yes** ☐ **No**

**8** Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined. ☐ **Yes** ☐ **No**

**9** Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined. ☐ **Yes** ☐ **No**

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures****Section I** *Names of individual recipients are not required to be listed in Schedule H.*

Public charities and private foundations complete lines 1a through 7 of this section. See the instructions to Part X if you are not sure whether you are a public charity or a private foundation.

- 1a** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.
- b** Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.
- c** If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).
- d** Specify how your program is publicized.
- e** Provide copies of any solicitation or announcement materials.
- f** Provide a sample copy of the application used.
- 2** Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," refer to the instructions. ☐ Yes ☐ No
- 3** Describe the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.)
- 4a** Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)
- b** Describe how you determine the number of grants that will be made annually.
- c** Describe how you determine the amount of each of your grants.
- d** Describe any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant. (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.)
- 5** Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.
- 6** Who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members?
- 7** Are relatives of members of the selection committee, or of your officers, directors, or **substantial contributors** eligible for awards made under your program? If "Yes," what measures are taken to ensure unbiased selections? ☐ Yes ☐ No

**Note.** If you are a private foundation, you are not permitted to provide educational grants to **disqualified persons**. Disqualified persons include your substantial contributors and foundation managers and certain family members of disqualified persons.

**Section II** **Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section.**

- 1a** If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures? ☐ Yes ☒ No ☐ N/A
- b** For which section(s) do you wish to be considered?
- 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution ☐
  - 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product ☐
- 2** Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? ☐ Yes ☐ No
- 3** Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2? ☐ Yes ☐ No

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures**  
(Continued)

**Section II Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section. (Continued)**

- 4a** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an *employee of a particular employer*? If "Yes," complete lines 4b through 4f. ☐ Yes ☐ No
- b** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.) ☐ Yes ☐ No
- c** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? ☐ Yes ☐ No ☐ N/A
- If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No
- d** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer? ☐ Yes ☐ No ☐ N/A
- If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e. ☐ Yes ☐ No
- e** If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☐ No ☐ N/A
- If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.
- Note.** Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.
- f** If you provide scholarships, fellowships, or educational loans to attend an educational institution to *children of employees of a particular employer* without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e. ☐ Yes ☐ No

# Form 1023 Checklist

(Revised June 2006)

## Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

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**Note.** Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

**Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.**

- ☒ Assemble the application and materials in this order:
- Form 1023 Checklist
  - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
  - Form 8821, *Tax Information Authorization* (if filing)
  - Expedite request (if requesting)
  - Application (Form 1023 and Schedules A through H, as required)
  - Articles of organization
  - Amendments to articles of organization in chronological order
  - Bylaws or other rules of operation and amendments
  - Documentation of nondiscriminatory policy for schools, as required by Schedule B
  - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
  - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- ☒ User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- ☒ Employer Identification Number (EIN)
- ☒ Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
- You must provide specific details about your past, present, and planned activities.
  - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
  - Describe your purposes and proposed activities in specific easily understood terms.
  - Financial information should correspond with proposed activities.
- ☒ Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.
- |            |                                                |            |                                                |
|------------|------------------------------------------------|------------|------------------------------------------------|
| Schedule A | Yes ___ No <input checked="" type="checkbox"/> | Schedule E | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule B | Yes ___ No <input checked="" type="checkbox"/> | Schedule F | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule C | Yes ___ No <input checked="" type="checkbox"/> | Schedule G | Yes ___ No <input checked="" type="checkbox"/> |
| Schedule D | Yes <input checked="" type="checkbox"/> No ___ | Schedule H | Yes ___ No <input checked="" type="checkbox"/> |

- ☒ An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
- Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Page 3, Article 8th
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Page 4, Article 12th
- ☒ Signature of an officer, director, trustee, or other official who is authorized to sign the application.
- Signature at Part XI of Form 1023.
- ☒ Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011



# ATTACHMENTS



PART II – QUESTION 1

CERTIFICATE OF INCORPORATION

(INCLUDING CERTIFICATE OF  
ASSUMED NAME)

***STATE OF NEW YORK***

***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of  
the Department of State, at the City of  
Albany, on November 3, 2010.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

101102000

703

New York State Department of State  
Division of Corporations, State Records and Uniform Commercial Code  
One Commerce Plaza, 99 Washington Ave, Albany, NY 12231  
www.dos.state.ny.us

## CERTIFICATE OF INCORPORATION OF

Maya's Hope Foundation, Inc.

(Insert Corporation Name)

Under Section 402 of the Not-for-Profit Corporation Law

**FIRST:** The name of the corporation is:

Maya's Hope Foundation, Inc.

**SECOND:** The corporation is a corporation as defined in subparagraph (a)(5) of Section 102 (Definitions) of the Not-for-Profit Corporation Law.

**THIRD:** The purpose or purposes for which the corporation is formed are as follows(*type or print clearly*):

To help provide financially for needy and worthy children throughout the world;

to send aid (medicines, clothing, products) to orphanages throughout the world, initially focusing on the Philippines and Ukraine and responding to international emergencies as they arise;

to establish relationships between international orphanages and U.S. companies and individuals through corporate donations and individual sponsorships of children;

to help maintain these orphanages' education goals by sending needed books and educational equipment;

to advance awareness about issues relating to orphaned and disadvantaged children around the world;

to provide hope to disadvantaged children.

**FOURTH:** The corporation shall be a Type B corporation pursuant to Section 201 of the Not-for-Profit Corporation Law. (Please insert Type A, B, C or D, as appropriate. )

**FIFTH:** The office of the corporation is to be located in the County of New York State of New York.

**SIXTH:** The names and addresses of the initial directors of the corporation are (a minimum of three are required ):

Maya Rowencak  
503 West 47th Street, #2FW  
New York, NY 10036

Michael Meltzer  
5 East 22nd Street, #3E  
New York, NY 10010

Alexandra Gerros  
548 Prospect Avenue, #3  
Brooklyn, NY 11215

**SEVENTH:** The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:

Michael Meltzer  
5 East 22nd Street, #3E  
New York, NY 10010

**EIGHTH:** (Corporations seeking tax exempt status may include language required by the Internal Revenue Service in this paragraph. See instructions, paragraph eighth.)

This corporation is organized exclusively for one or more of the purposes as specified in section 501 (c) (3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**NINTH:** No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in paragraph third hereof.

---

**TENTH:** No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

---

**ELEVENTH:** Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

---

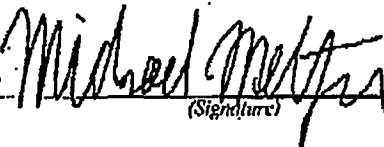
**TWELFTH:** Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code; or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

---

The incorporator or incorporators must sign the Certificate of Incorporation and type or print his/her name and address.

Michael Meltzer

(Type or print name of incorporator)

X   
(Signature)

5 East 22nd Street, #3E, New York, NY 10010

(Address)

X

(Type or print name of incorporator)

(Signature)

(Address)

X

(Type or print name of incorporator)

(Signature)

(Address)

101102000

703

CERTIFICATE OF INCORPORATION  
OFMaya's Hope Foundation, Inc.*(Insert Corporation Name)*

Under Section 402 of the Not-for-Profit Corporation Law

RECEIVED  
2010 NOV -2 AM 11:07Filed by: Michael Meltzer*(Name)*5 East 22nd Street #3E*(Mailing address)*New York, NY 10010*(City, State and Zip code)*

NOTE: This sample form is provided by the New York State Department of State Division of Corporations for filing a certificate of incorporation. This form is designed to satisfy the minimum filing requirements pursuant to the Not-for-Profit Corporation Law. The Division will accept any other form which complies with the applicable statutory provisions. The Division recommends that this legal document be prepared under the guidance of an attorney. The Division does not provide legal, accounting or tax advice. This certificate must be submitted with a \$75 filing fee made payable to the "Department of State."

he-type B

For DOS use only

2cc's  
STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED NOV 02 2010

TAXS

BY: mmr

my

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-b-

***STATE OF NEW YORK***

***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of  
the Department of State, at the City of  
Albany, on November 9, 2010.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State



201011090 01

NYS Department of State  
Division of Corporations, State Records and Uniform Commercial Code  
One Commerce Plaza, 99 Washington Ave,  
Albany, NY 12231-0001  
www.dos.state.ny.us

# **Certificate of Assumed Name** Pursuant to General Business Law, §130

## 1. NAME OF ENTITY

Maya's Hope Foundation, Inc.

1a FOREIGN ENTITIES ONLY If applicable, the filer must name the entity agreed to use in New York State is:

## 2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):

- ☐ Business Corporation Law ☐ Limited Liability Company Law  
☐ Education Law ☒ Not-for-Profit Corporation Law  
☐ Insurance Law ☐ Revised Limited Partnership Act  
☐ Other (specify law)

## 3. ASSUMED NAME

Maya's Hope

## 4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)

5 East 22nd Street #3E  
New York, NY 10010

## 5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME

☐ ALL COUNTIES (if not, circle county(ies) below)

|             |          |            |            |              |             |             |
|-------------|----------|------------|------------|--------------|-------------|-------------|
| Albany      | Clinton  | Genesee    | Monroe     | Orleans      | Saratoga    | Tompkins    |
| Allegany    | Columbia | Greene     | Montgomery | Oswego       | Schenectady | Ulster      |
| Bronx       | Cortland | Hamilton   | Nassau     | Otsego       | Schoharie   | Warren      |
| Broome      | Delaware | Herkimer   | New York   | Pulnam       | Schuyler    | Washington  |
| Cattaraugus | Dutchess | Jefferson  | Niagara    | Queens       | Seneca      | Wayne       |
| Cayuga      | Erie     | Kings      | Oneida     | Rensselaer   | Steuben     | Westchester |
| Chautauque  | Essex    | Lewis      | Orondaga   | Richmond     | Suffolk     | Wyoming     |
| Chemung     | Franklin | Livingston | Ontario    | Rockland     | Sullivan    | Yates       |
| Chenango    | Fulton   | Madison    | Orange     | St. Lawrence | Tioga       |             |

## 6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME.

Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) checked in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)

5 East 22nd Street #3E, New York, NY  
10010  
503 West 47th Street #2FW, New York, NY  
10036

☐ No New York State Business Location

20101109001

INSTRUCTIONS FOR SIGNATURE. If corporation, by an officer, if limited partnership, by a general partner; if limited liability company, by a member or manager or by an authorized person or attorney-in-fact for such corporation, limited partnership, or limited liability company. If the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president.)

Michael Meltzer

Name of Signer

*Michael Meltzer*  
Signature

*Officer*

Title of Signer

CERTIFICATE OF ASSUMED NAME  
OF

(Insert Entity Name)

Pursuant to §130, General Business Law

Filed by: Michael Meltzer

(Name)

5 East 22nd Street #3E

(Mailing address)

New York, NY 10010

(City, State and Zip code)

2010 NOV -8 PM 4 12

RECEIVED

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

(For office use only)

101102000703

2 cc's

STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED NOV 09 2010

TAXES 247745

BY: *ju*

- 2 -

*ju*

## PART II – QUESTION 5

### BYLAWS

(INCLUDING A BOARD  
RESOLUTION UPDATING THE  
BOARD OF DIRECTORS AND  
DESIGNATING OFFICER TITLES)

## **BYLAWS**

### **MAYA'S HOPE FOUNDATION, INC.**

#### **ARTICLE I. MEETING OF DIRECTORS**

Section 1. **Annual Meeting.** The annual meeting of Directors shall be held at a site determined by the Board of Directors of the Corporation, either within or without the State of New York, on or about February 1st of each year. The Secretary shall serve personally, or by mail, a written notice thereof, not less than ten (10) nor more than thirty (30) days previous to such meeting, addressed to each Director at his address as it appears on the corporate records; but at any meeting at which all Directors shall be present, or of which all Directors not present have waived notice in writing, the giving of notice as above required may be dispensed with.

Section 2. **Special Meetings.** Special meetings of Directors other than those regulated by Statute, may be called at any time by a majority of the Directors.

Section 3. **Notice.** Written notice of all meetings shall be provided under this section or as otherwise required by law. The Notice shall state the place, date, and hour of meeting, and if for a special meeting, the purpose of the meeting. Such notice shall be mailed to all directors of record at the address shown on the corporate books, at least 10 days prior to the meeting. Such notice shall be deemed effective when deposited in ordinary U.S. mail, properly addressed, with postage prepaid.

Section 4. **Place of Meeting.** Meetings shall be held at the corporation's principal place of business unless otherwise stated in the notice.

Section 5. **Quorum.** A majority of the directors shall constitute a quorum at a meeting. In the absence of a quorum, a majority of the directors may adjourn the meeting to another time without further notice. If a quorum is represented at an adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally scheduled. The directors present at a meeting represented by a quorum may continue to transact business until adjournment, even if the withdrawal of some directors results in representation of less than a quorum.

Section 6. Informal Action. Any action required to be taken, or which may be taken, at a meeting, may be taken without a meeting and without prior notice if a consent in writing, setting forth the action so taken, is signed by the directors with respect to the subject matter of the vote.

## ARTICLE II. DIRECTORS

Section 1. Number of Directors. The affairs and business of this Corporation shall be managed and its corporate powers exercised by a Board of Directors composed of not less than three (3) members. All of the Directors shall have reached majority age. At any annual or regular meeting, the Board of Directors may, by the affirmative vote of a majority of such Directors, create one or more additional seats on the Board of Directors and, at such meeting, by resolution, appoint additional Directors to fill such newly created seats, with such newly appointed Directors to serve for a full 2-year term commencing on the date of appointment, or until a successor has been elected and qualified.

Section 2. Election and Term of Office. The directors, such constituting the Board of Directors, shall be elected at the annual meeting the number of persons to be elected receiving at least 51% of the votes cast. Each director shall serve a term of 2 year(s), or until a successor has been elected and qualified.

Section 3. Voting. At all meetings of the Board of Directors, each Director is to have one vote. The act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors.

Section 4. Duties. (1) The making of grants and contributions and otherwise rendering financial assistance for purposes expressed in the charter of the organization shall be within the exclusive power of the board of directors; (2) in furtherance of the organization's purposes, the board of directors shall have power to make grants to any organization organized and operated exclusively for charitable, scientific, or educational purposes within the meaning of section 501(c)(3); (3) the board of directors shall review all requests for funds from other organizations, shall require that such requests specify the use to which the funds will be put, and if the board of directors approves the request, shall authorize payment of such funds to the approved grantee; (4) the board of directors shall require that the grantees furnish periodic accounting to

show that the funds were expended for the purposes which were approved by the board of directors; (5) the board of directors may, in its absolute discretion, refuse to make any grants or contributions or otherwise render financial assistance to or for any or all purposes for which funds are requested; (6) after the board of directors approves a grant to another organization for a specific project or purpose, the domestic charitable organization may solicit funds for that particular grant; however, at all times, the board has the right of withdraw approval of the grant; and (7) the organization solicits only on the condition that its board of directors has control and discretion as to the use of contributions received by it.

Section 5. Regular Meeting. The Board of Directors may provide, by resolution, for additional regular meetings without notice other than the notice provided by the resolution.

Section 6. Informal Action. Any action required to be taken at a meeting of directors, or any action which may be taken at a meeting of directors or of a committee of directors, may be taken without a meeting if a consent in writing setting forth the action so taken, is signed by all of the directors or all of the members of the committee of directors, as the case may be.

Section 7. Removal/Vacancies. A director shall be subject to removal, with or without cause, at a meeting called for that purpose. Any vacancy that occurs on the Board of Directors, whether by death, resignation, removal or any other cause, may be filled by the remaining directors. A director elected to fill a vacancy shall serve the remaining term of his or her predecessor, or until a successor has been elected and qualified.

Section 8. Committees. To the extent permitted by law, the Board of Directors may appoint from its members a committee or committees, temporary or permanent, and designate the duties, powers and authorities of such committees.

### ARTICLE III. OFFICERS

Section 1. Number of Officers. The officers of the corporation shall be a President, one or more Vice-Presidents (as determined by the Board of Directors), a Secretary, and a Treasurer. Two or more offices may be held by one person.

Section 2. Election and Term of Office. The officers shall

be elected annually by the Board of Directors at the first meeting of the Board of Directors. Each officer shall serve a one year term or until a successor has been elected and qualified.

Section 3. Duties of Officers. The Duties and powers of the Officers of the Corporation shall be as provided by the Directors. In the absence of specific provisions, the powers and duties of the Officers of the Corporation shall be as follow:

#### **PRESIDENT**

The President shall preside at all meetings of the Board of Directors.

He or she shall present at each annual meeting of the Directors a report of the condition of the business of the Corporation.

He or she shall cause to be called regular and special meetings of the Directors in accordance with these By-Laws.

He or she shall appoint and remove, employ and discharge and fix the compensation of all servants, agents, employees, clerks of the Corporation (other than the Officers specified in Section 2 of Article III of these By-Laws) subject to the approval of the Board of Directors.

He or she may sign and make all contracts and agreements in the name of the Corporation.

He or she shall see that the books, reports, statements and certificates required by the Statutes are properly kept, made and filed according to law.

He or she shall sign all notes, drafts, or bills of exchange, warrants or other orders for the payment of money duly drawn by the Treasurer.

He or she shall enforce the By-Laws and perform all the duties incident to the position and office and which are required by law.

#### **VICE PRESIDENT**

The Vice President will, in the event of the absence or inability of the President to exercise his office, become acting president of the organization with all the rights, privileges and powers as if said person had been duly elected president.

### **SECRETARY**

The Secretary shall keep the minutes of the meetings of the Board of Directors in appropriate books.

He or she shall give and serve all notices of the Corporation.

He or she shall be custodian of the records and of the seal, and affix the latter when required.

The aforementioned duties may be delegated to a Transfer Agent or the Corporation's general counsel with the consent and approval of the Board of Directors.

He or she shall present to the Board of Directors at their stated meetings all communications addressed to him officially by the President or any Officer of the Corporation.

He or she shall attend to all correspondence and perform all duties incident to the office of Secretary.

### **TREASURER**

The Treasurer shall have the care and custody of and be responsible for all the funds and securities of the Corporation and deposit all such funds in the name of the Corporation in such bank or banks, trust company or trust companies or safe deposit vaults, as the Board of Directors may designate.

He or she may make and endorse in the name of the Corporation, all checks, drafts, warrants and orders for the payment of money, and pay out and dispose of same and receipt therefor, under the direction of the President or the Board of Directors.

He or she shall exhibit at all reasonable times his books and accounts to any Director or Stockholder of the Corporation upon application at the office of the Corporation during business hours.

He or she shall render a statement of the condition of the finances of the Corporation at each regular meeting of the Board of Directors, and at such other times as shall be required of him, and a full financial report at the annual meeting of the Directors.

He or she shall do and perform all duties appertaining to the office of Treasurer.



Section 4. **BOND.** The Treasurer shall, if required by the Board of Directors, give to the Corporation such security for the faithful discharge of his duties as the Board may direct.

Section 5. **VACANCIES, HOW FILLED.** All vacancies in any office shall be filled by the Board of Directors without undue delay at its regular meeting or at a meeting specifically called for that purpose. In case of the absence of any Officer of the Corporation or for any reason that the Board of Directors may deem sufficient, the Board may, except as specifically otherwise provided in these By-Laws, delegate the powers or duties of such Officers to any other Officer or Director for the time being, provided a majority of the entire Board concurs therein.

Section 6. **COMPENSATION OF OFFICERS.** The Officers shall serve without pay.

Section 7. **REMOVAL OF OFFICERS.** The Board of Directors may remove an Officer by a majority vote, at any time with or without cause.

#### **ARTICLE IV. CORPORATE SEAL, EXECUTION OF INSTRUMENTS**

The corporation shall not have a corporate seal. All instruments that are executed on behalf of the corporation which are acknowledged and which affect an interest in real estate shall be executed by the President or any Vice-President and the Secretary or Treasurer. All other instruments executed by the corporation, including a release of mortgage or lien, may be executed by the President or any Vice-President.

Notwithstanding the preceding provisions of this section, any written instrument may be executed by any officer(s) or agent(s) that are specifically designated by resolution of the Board of Directors.

#### **ARTICLE V. CONFLICT OF INTEREST**

Section 1. Any member of the board who has a financial, personal, or official interest in, or conflict (or appearance of a conflict) with any matter pending before the Board, of such nature that it prevents or may prevent that member from acting on the matter in an impartial manner, will offer to the Board to voluntarily excuse him/herself and will vacate his seat and refrain from discussion and voting on said item.

**ARTICLE VI.  
AMENDMENT TO BYLAWS**

The bylaws may be amended, altered, or repealed by the Board of Directors by a majority of a quorum vote at any regular or special meeting.

**ARTICLE VII.  
STOCK CERTIFICATES**

The corporation may issue shares of the corporation's stock without certificates. Within a reasonable time after the issue or transfer of shares without certificates, the corporation shall send the shareholder a written statement of the information that is required by law to be on the certificates. Upon written request to the corporate secretary by a holder of such shares, the secretary shall provide a certificate in the form prescribed by the directors.

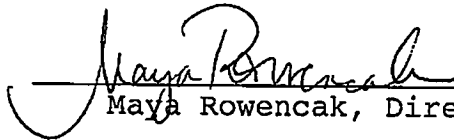
**Certification**

I certify that the foregoing is a true and correct copy of the bylaws of the above-named corporation, duly adopted by the initial Board of Directors on 11/11/2010.

**APPROVAL OF BYLAWS**

The initial directors of this corporation are those as stated in the Articles of Incorporation and include Maya Rowencak, Michael Meltzer, and Alexandra Gerros.

Approved by:

  
Maya Rowencak, Director

  
Michael Meltzer, Director

  
Alexandra Gerros, Director

## BOARD RESOLUTION

At a regular meeting of the Board of Directors of Maya's Hope Foundation, Inc., held at 7:00 PM at 101 Park Avenue, 33<sup>rd</sup> Floor, New York, New York on June 20, 2011, the following resolutions were proposed and approved by the board:

### RESOLVED:

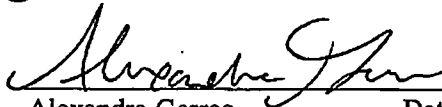
THAT pursuant to the bylaws of the organization, David Cohen is hereby appointed as an Additional Director on the Board of Directors of Maya's Hope Foundation, Inc., to serve a 2-year term beginning June 20, 2011.

WHEREAS Maya's Hope Foundation, Inc. seeks to further define the duties of the Officers of the Organization, Maya's Hope appoints members of the Board of Directors as Officers of the Organization with the following titles and roles:

Maya Rowencak will serve as President, Alexandra Gerros will serve as Vice President, Michael Meltzer will serve as Treasurer, and David Cohen will serve as Secretary. These new roles and titles will be in accordance with the bylaws of the Organization, will be effective immediately, and will remain effective until the next Annual Meeting of the Board of Directors.

### SIGNED and ACCEPTED:

 6/20/11  
\_\_\_\_\_  
Maya Rowencak Date

 6/20/11  
\_\_\_\_\_  
Alexandra Gerros Date

 6/20/11  
\_\_\_\_\_  
Michael Meltzer Date

 6/20/11  
\_\_\_\_\_  
David Cohen Date

## PART IV

# NARRATIVE DESCRIPTION OF YOUR ACTIVITIES

#### **Part IV, Narrative Description of Your Activities**

Since the inception of Maya's Hope in November 2010, the organization has done the following in furtherance of its goals:

- Maya's Hope paid for shipping costs and shipped donations of toys from Jack Rabbit Creations and Safari Limited to orphanages in the Philippines and Ukraine (Bethlehem House of Bread, Hospicio de San Jose, Lviv Internaut No. 1).
- Maya's Hope designed Holiday cards, through its volunteer graphic designer, Hailey Myziuk. Sales of the cards were promoted through a mass emailing program, Facebook, and Twitter. Madmimi donated its service by offering an account to Maya's Hope. Holiday cards were also sold at St. George Ukrainian Church 30 East 7th Street, NY, NY 10003.
- Maya's Hope held a coat drive for Ukrainian orphans. Academy of St. Elizabeth in Convent Station, New Jersey collected 39 coats and blankets, held a bake sale to raise money for shipping costs, and shipped holiday cards and coats to Karitas in Kiev, in response to Maya's Hope's coat drive for Ukrainian orphans. Maya's Hope approved Karitas Kiev as a recipient organization for aid. Aid was documented by social worker at Karitas Kiev in Ukraine.
- Maya's Hope encouraged current sponsors to send presents to sponsor children by offering to pay for shipping to Bethlehem House of Bread Orphanage in the Philippines, in conjunction with the Art Exploration class of South Plainfield High School in South Plainfield, New Jersey, who designed Christmas pop up cards to send to children in the village of Norzagaray.
- Maya's Hope's graphic designer, Hailey Myziuk, provided graphics and posters to St. George Ukrainian Catholic School to promote the efforts of Sister Mary Bernarda Arkatin, OSBM. Maya's Hope and Sr. Bernarda Arkatin are collaborating to send aid to orphanages in Ukraine.
- Maya's Hope used social networking programs such as Facebook and Twitter to gain a following, build awareness, and target groups/individuals interested in causes pertaining to disadvantaged children.
- Maya's Hope received a shipment of \$28,000 worth of dental products and equipment donated by Freud Carson, which was distributed to the recipient orphanages indicated above.

Presently, Maya's Hope works on the following projects:

- Maya's Hope has a sponsorship program for children in orphanages and those living in impoverished conditions. This program allows individuals and families to connect on a personal level with a child in need of nourishment, education or access to medical care. Maya's Hope also has a Pen-Pal program, which allows children in the United States to send cards and greetings to children at orphanages or impoverished areas to create a friendship and provide hope.

Maya's Hope plans the following projects in the near future:

- Maya's Hope plans a Book Drive, where Maya's Hope volunteers will contact local bookstores and ask that customers drop off gently used books which would be shipped to orphanages in the Philippines.
- Maya's Hope plans that it will undertake a fundraiser to raise funds for shipping costs to the Philippines and Ukraine.
- Maya's Hope will be contacting stores in Manhattan to sell every day cards/ thank you notes to raise funds for shipping costs to orphanages.
- Maya's Hope constantly contacts American companies and individuals to obtain donations to be forwarded to orphanages abroad. Maya's Hope seeks to recruit volunteers to offer services, time, and talent to help further its efforts. Shipping is funded by the board of directors and individuals wishing to pay for shipping costs. Donations are constantly being received and shipments are 1-3 times per month.

Donations are shipped from:

Maya Rowencak  
503 West 47<sup>th</sup> Street, 2FW  
New York, NY 10036

St. George Ukrainian Catholic Church  
30 East 7<sup>th</sup> Street  
New York, NY 10003

The organization operates under the following names:

- 1) Maya's Hope Foundation, Inc.
- 2) Maya's Hope

Please also refer to the attached newsletter and the attached printout from [www.mayashope.org](http://www.mayashope.org), for a more detailed description of the activities of Maya's Hope.

## PART IV

### SUPPORTING DOCUMENTATION: COPY OF NEWSLETTER



*Maya with children from Residential Home for Children with Mental Disorders in Pervomaysk, Ukraine.*

## Meet Maya...

Since January of 2009, she has been visiting orphanages around the world and continues to spread kindness and love. Her devotion to children in need has inspired her to establish Maya's Hope.

## Love comes to those who still *hope*

**HOPE** n. (hōp): the belief in a positive outcome related to events and circumstances in one's life.

After the unexpected loss of her mother in 2007, Maya Rowencak decided to reach out to children who may have never experienced the unconditional love that can only come from a parent. "I now understand the pain and loneliness of motherless children," explained Maya.

She began her journey in Christmas of 2008, visiting orphanages in her mother's native land of the Philippines. She had one goal in mind: to create new friendships. The children Maya met touched her heart and inspired her to be more than just a friendly visitor. She was determined to expand her efforts. Maya researched history, culture, travel and most importantly her own background.

Next stop: Ukraine – the motherland of her father. Because of the language barrier, Maya had to find a creative way to communicate and bonded with children over something as simple as her digital camera. By taking funny photos and laughing for hours, she again created those priceless friendships.

Upon Maya's return to New York, fate brought Sister Bernarda Arkatin, who shares the same passion and devotion for the less fortunate, into her life.

"She has the biggest heart in New York City," said Maya fondly.

With continued visits to orphanages in the Philippines and Ukraine and the help of Sister Bernarda, Maya's efforts grew and numerous care packages were shipped.



*Babies at Bethlehem with baby powder donated by Medline*

One child in particular, 12-year-old Mary Jane, was provided a hearing aid for the first time in her life.

Currently, Maya and her talented team of volunteers send monthly shipments of clothing, books, toys, medical and dental supplies, arts and crafts, and much more to countless children in need.

Maya's Hope is fortunate to partner with companies such as Barnes & Noble, Starkey Hearing Foundation, and Freud Carson.

"I want to do this for as long as I have the means to," said Maya. "These children remind me what life is all about... being happy with what you have and enjoying the blessings of each day." ■

- **Freud Carson** donated **\$28,000** worth of **dental products** and equipment – our largest donation to date!
- **Starkey Hearing Foundation** provided a **hearing aid** for Mary Jane, an orphan at Bethlehem.
- Donations sent to orphanages have a total value exceeding **\$200,000!**

*Child at Caritas Kiev receives a card, blanket and coat donated by the Academy of St. Elizabeth*



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# WHAT IS MAYA'S HOPE

*See.* Through direct visits to institutions for orphaned and disadvantaged children, Maya's Hope observes conditions of institutions, the standards of care and education, the integrity and behavior of care workers, social workers and staff. We then evaluate the needs of the institutions or individual children.

*Build.* Maya's Hope builds relationships with administrators and individuals whose concern leads them to be involved in the lives of disadvantaged children.

*Give.* Maya's Hope raises awareness for disadvantaged children around the world by raising funds and finding corporate and individual sponsors. Maya's Hope ships humanitarian aid including: clothing, books, toys, medical, art, and dental supplies.

*Hope.* After receiving aid, institutions send letters, photos, and updates about the children and their progress.

*Love.* Maya's Hope maintains relationships with administrators providing continuous aid and awareness. Maya's Hope not only brings aid and hope to children in need, but also love.



*Mary Jane wearing hearing aid donated by Starkey Hearing Foundation*

## MARY JANE'S Song

Mary Jane has been living in silence for the past 12 years. Thanks to the Starkey Hearing Foundation and generous individuals, Mary Jane is learning to hear and sing her own song. She receives speech therapy and is making progress!



Starkey.  
**Hearing**  
Foundation

## MAYA'S HOPE

### BOARD MEMBERS:

President, Treasurer, Secretary • Maya Rowencak

Vice President • Michael Meltzer

Vice President • Alexandra Gerros

### NEWSLETTER:

Writer: Maya Rowencak

Photos: Maya Rowencak • Leila Fernando-Tolosa

Editors: Laureli Cohen • Colleen DiFonzo

Alexandra Gerros • Maya Rowencak

Graphic Design: Hailey Myziuk



## Thank You

### FOR HELPING MARY JANE RECEIVE THE GIFT OF HEARING!

Juliet Barbieri, Matthew Barry, Mary Blihar, Tahnee Bodansky, Cecile Casal, Dr. Marina Chernin, Ethan Cohen, Yale Cohen, Edward Dever, Kat Dudina, Elizabeth Eames, Lisa Forsee, Jessie France, Irene Gomez, Mary Jacobs, Barbara Karninsky, Maria Lancheros, Manuela Latino, Marie Leznecki, Kate Liberatore, Andrea Lubrano, Rosita Mang, Mark Marozza, Michael Meltzer, Ryan Miller, Aviann Mohammed, Karen Morao, Greg Myers, Nakajima Family, Alexandre Pariente, Zaldy Patron, Brian Peterson, Paige Quillin, Maribeth Remulia-Mejia, Michelle Rodriguez, Maya Rowencak, Mathilde Sanson, Tony Sedia, Lyn Velayo, Verunka Vklouva, Donna Wandry

# UKRAINE'S Unforgotten

By Maya Rowencak

*Sr. Bernarda Arkatin* has been visiting the less fortunate of Ukraine for the past 20 years and sends aid to orphanages, institutions for mentally and physically handicapped, and health clinics. Her profound concern for the lost and forgotten children of Ukraine drives her to grow her mission.

Last September, I witnessed this inspiring one-woman mission in action. Sr. Bernarda introduced me to our first orphanage, Children's Internaut of Bila Zerkva, a boys' institution for the mentally handicapped. The children's energy was invigorating. Despite their handicaps, the children proudly proceeded to show me the vegetable garden they had grown, the livestock they care for, and their many talents. The staff's devotion was evident in every corner of the orphanage.

While Children's Internaut of Bila Zerkva is a state-run facility, the atmosphere is loving. Like most institutions of its kind in Ukraine, the orphanage receives limited funds from the government.

Due to Ukraine's weak economy, administrators have a greater responsibility keeping orphanages functioning.

Other orphanages were not so pleasant. Most were remnants of the Soviet past. We came across an abandoned, dilapidated building, and to our surprise, it was a functioning orphanage filled with children. Three orphanages we visited did not have heat. Children often wear coats and hats to keep warm at school in winter.

Many institutions in Ukraine rely on donations. Even so, it is known that corruption is rampant. My duty is to observe and determine which orphanages are in great need and to develop working relationships with trustworthy individuals. I need to be certain that the children will receive the aid we work so hard to send. Each child deserves our help.

One of the highlights from my trip to Ukraine was visiting a home for six children started by the Sisters of St. Basil. Without speaking a word in Ukrainian, I played and laughed so

much with the children (ages 7-13). We communicated through positive energy and a sense of community and belonging. Those children without parents were loved as much as any children in the world.

**"Children often wear coats and hats to keep warm at school in winter."**

Every time I return home to the States, I treasure the memories of the faces, the laughter, the smiles of all the children. These children we help are the sweet reminders of life's beauty and the inspiration of Maya's Hope. ■

*My own Ukrainian father was once a forgotten and displaced child after World War II and was given the opportunity of a new life in the United States. Like those same Americans who helped my family, I will not forget these children and will continue to find ways to provide hope for them.*



Maya and Sr. Bernarda at children's home in Ivano-Frankivsk, Ukraine



Sr. Bernarda and child at orphanage in Bila Zerkva, Ukraine

# Where in the world is... NORZAGARAY?

BY MAYA ROWENAK



## SHARING GIFTS

"Norzagaray... NorZacariah, Norzacary, huh?"

Norzagaray, I learned, was one of the rural and impoverished regions where many of the children of Bethlehem House of Bread were born. The birthplace of my "angels."

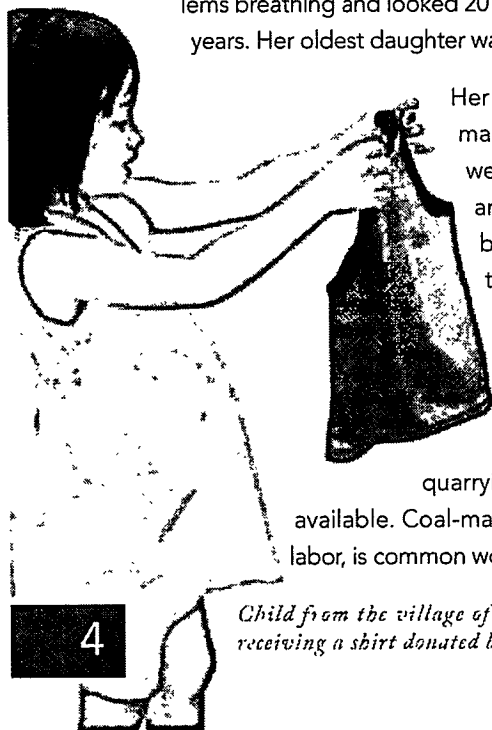
## THE JOURNEY TO NORZAGARAY

One afternoon I went to Norzagaray to visit the mountains' children and families. Among the lush green mountains of this region, was a concrete monument – a somber grey factory. This foreign investment quarry was the bleak symbol of the livelihood of the people I would soon meet.

We parked along the road and climbed another 30 minutes until we reached the gate to the community of people in Norzagaray. Passing through the village, we saw people curiously peering from the window squares of their shacks. I came bearing gifts of baby shoes and fitted any baby cradled in its mother's arms.

## LIFE IN NORZAGARAY

I found a little girl who looked like a doll in a red dress. She was playing outside of her bamboo shack. Her mother, a coalmaker, greeted me. Her hands were wrinkled and black. She had problems breathing and looked 20 years older than her 35 years. Her oldest daughter was pregnant at 17.



Her husband, also a coal-maker, passed by me wearing broken sandals and carrying two 5-gallon buckets for fetching water down by a stream – the only available water source.

## LIVELIHOOD

Coal-making and quarrying are the main jobs available. Coal-making, a seasonal labor, is common work for women.

Men work at the factory or explode rock to gather minerals. Some fathers have lost limbs from explosions or have died. Their children are admitted into the orphanage if the children show malnourishment. Although a means of steady income, the factory also provides deplorable conditions, and workers cannot rise above the poverty level. Faced with these options, many families simply cannot afford to care for their children. Children here are not sent to orphanages because they are unwanted; parents are unable to earn enough to feed them.

***"Orphanages are not a choice.  
They are a means of survival."***

## LIFESTYLE FOR CHILDREN

The fortunate children who can afford to go to school have to climb hills and cross rivers, often without shoes; the other children help their families earn a living.

This isolated region doesn't allow for an escape from poverty. With limited options for work, many families eat packets of soy sauce for dinner.

That is when I decided to help them.

## HEALING SOLES

I returned to Norzagaray with boxes of donations and 100 pairs of slippers. After having seen children barefoot in markets around Bethlehem House of Bread orphanage, I was determined to fit every child with a pair of slippers in Norzagaray.

In the village center, we discovered a hoard of children awaiting their new footwear. The excited children selected their own pair of slippers, while the social workers and I distributed clothing, toys, and fabric. A pair of slippers for a child is a relief to a parent here.

After speaking with the social workers about the conditions and limited educational opportunities for the children, I decided to launch a sponsorship program to help each child have a more hopeful future and more comfortable childhood.



## SPONSOR A CHILD WITH MAYA'S HOPE



### For \$30 a month, your generous sponsorship will:

- help ensure a child receives adequate medical care and nutrition
- help educate a child and build community
- offer a personal relationship between you and your child through letters, photos, and periodic updates
- provide hope for a better future

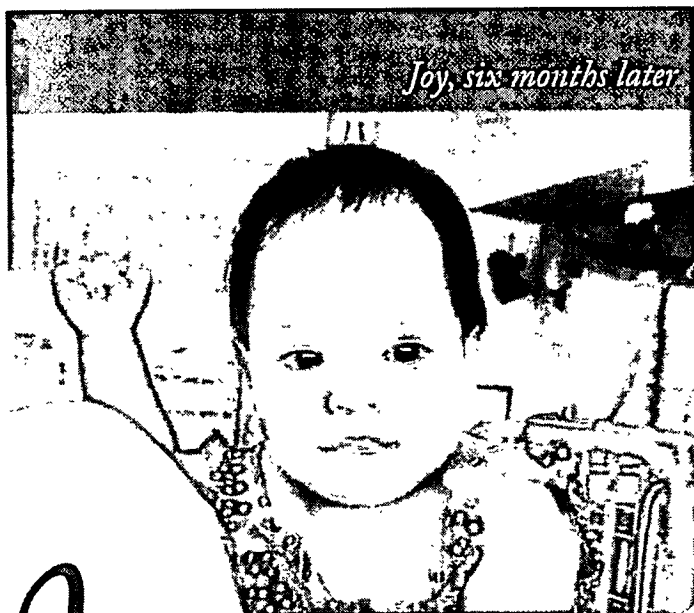
Email [maya@mayashope.org](mailto:maya@mayashope.org) to become a sponsor today!

#### SPONSOR A CHILD IN NORZAGARAY

Maya's Hope launched a sponsorship program with the children in the village of Norzagaray to provide hope and opportunity. In each case file, every child has the same humble wish – to go to school and to help his/her family.

Life's hardships cloud their dreams. In collaboration with Bethlehem House of Bread Orphanage and the social workers in Norzagaray, Maya's Hope is helping to provide hope for a brighter future.

*Your sponsorship directly benefits a child. The only administrative costs are stamps!*



*Joy, six months later*

# Joy TO THE WORLD!

BY MAYA ROWENCAK

**BABIES ARE THE JOY OF THE WORLD**, especially at Bethlehem House of Bread Orphanage. Visitors, young and old, eagerly wait to be escorted into the ward to cuddle, cradle, and kiss the little angels. Upon entering the infants ward, you discover the cries and smiles of babies. They themselves do not realize the worrisome future they have, while some have already forgotten the smell of their own mother.

During my stays at Bethlehem, I organize my time among babies, toddlers, "big girls," and staff. I do my best to engage each child. My mornings begin with the pitter patter of little feet from girls running up and down the hallway, then the taps at my door as the girls coo, "Ate (Big Sister) Maya!" Then it is off to prayer, breakfast, and playtime with the babies, while the rest of the children are in school.

The babies who have been at Bethlehem for more than a month are usually well fed and incredibly active. As I make my rounds, hugging and holding each baby, I meet a silent baby girl. Her mother abandoned her that very morning.

She stared at me blankly as if to say, "Where am I?" She had scraggly, thinning hair, and weak limbs. Her arms and legs seemed weightless.

"What's her name?" I asked. Nurse Elvie sang, "Joy! Joy to the World!"

No smile, no laugh. Nothing. Joy's spirit was shriveled. When I picked her up she just sat in my arms. I asked the staff to take a picture of this "abandonata" and me. But still... no joy.

I held and rocked her for an hour. She was alone with me, this foreigner who kept speaking to her in English. I felt the heaviness of her little heart. When I first fed her, she gobbled every grain of rice. She feared that there would be no more spoonfuls. I fed her as much as she wanted – we bonded. She trusted me.

I examined little Joy. She had scars and scratches on her arms, ankles, and in the folds of her neck. Her knees had rough skin and dirt was under her nails. Her hair produced crawling families of lice. I cleaned her nails, pulled lice from her hair, smothered her with kisses and big squeezes. Still, nothing.

When I gave her back to the nurse, finally... a reaction! She cried and howled. I kept on kissing her and stroking her head, but she panicked and tried to grab for me. I left, but later that night, Joy chose me to be her best friend. For those days, we were inseparable. When the nurse bathed her or changed her diaper, she screamed for mercy. Back in my arms, she magically was quieted. Stubborn, she wouldn't smile, but she was attached.

Every morning, she waited for me to pick her up from her bamboo crib to start our day of fun adventure. At meals, she quietly sat on my lap. The staff teased me that I spoiled her. She deserved every bit of love I could offer.

At the canteen, Joy recognized two boys ...her older brothers. Her eyes seemed to say, "there you are!" It was a sweet reunion.

My last evening, my angel was already asleep in her crib. I picked her up, and she awoke annoyed until recognition dawned in her eyes. She joined me in the playpen for our last slumber party. She fell asleep on top of me. She slept peacefully, finally.

While she rarely showed any joy, she was comforted around me. I too was comforted by her love for me.

Months after, I received a picture of a plump baby in the nurse's arms. "Joy to the world!" I thought.

Joy's mother eventually returned and took her three children back to their village in Norzagaray. I plan to visit her and her family when I return. ■

## MORE ABOUT JOY

Joy was about 7 months old, malnourished and living in a small hut. She comes from a family of 10 children; her mother is 30 years old. Her family lives in Norzagaray. While she is reunited with her biological family, we will do our best to monitor her progress and make sure that she no longer faces malnourishment.



*Joy's first day at Bethlehem*



# CORPORATE DONORS

## ARTS AND CRAFTS

Oopsy Daisy  
Purl Soho

## BEDDING

Kids & Co.  
Kukunest  
The Company Store

## CLOTHING

Bombalulus  
City Threads  
Firefly Children's Boutique  
Garanimals  
Little Traveler USA  
Pajama Program  
Skipping Hippos  
Smoochie Baby

## DENTAL SUPPLIES

Amway  
Benco Dental Supply Company  
Marina Chernin, D.D.S.  
Delta Dental  
Freud Carson  
Gwen M. Engelhard, D.D.S.  
Ruby Gelman, D.D.S.  
NYC Smile Design

## DIAPERS

Clothdiaper.com  
FuzziBunz  
Green Mountain Diapers

## MARKETING SERVICES

1-800-Postcards  
Hello Hailey  
Mad Mimi

## EDUCATION

Barnes and Noble  
Feltboard Stories  
Film Movement  
Macmillan  
Tiny Einsteins

## FOOD

Nature's One

## MEDICAL SUPPLIES

Blaine Labs  
Clinical Guard  
Defense Soap  
Ganeden Biotech  
Insight Pharmaceuticals  
Just Health Shops  
Life Plus Pharmacy  
Medline  
Starkey Hearing Foundation

## SHOES

Classic Kicks  
Ibiza Kidz  
Irregular Choice  
Richard's Shoes  
Shoofly

## TOYS

Firefly Children's Boutique  
Jack Rabbit Creations  
Munchkin  
Safari Ltd.



*Child at a Tuberculosis clinic in Lviv, Ukraine*

Maya's Hope is thankful to partner with **Charlie Holley, President of Freud Carson.** They have donated \$28,000 worth of dental products, including hand pieces, an ultrasonic scaler, and domestic shipping costs for it all. They are truly a reason to smile.



Garan Inc. regularly donates clothing, toys and other items to Maya's Hope. We are grateful to **David Fligel** and **Jessie France** for their constant concern for children in need.

**GARAN**



*Baby playing with toy donated by Jack Rabbit Creations*



## THANK YOU FOR SPONSORING A CHILD!

Jennifer Balagna  
Russell Bennett  
Assad Clark  
David Cohen  
Ethan Cohen  
Yale Cohen  
Lana Dickinson  
Pavlina Fedakova  
Irene Gomez  
Deanna Hernandez-Arza  
Mary Jacobs  
Diane Lawley  
Leon Machenaud  
Leonora McGernan  
Michael Meltzer  
Avlann Mohammed  
Neica Murray  
Lindsey Page  
Hyo Sang Park  
Maribeth Remulla-Mejia  
Maya Rowencak  
Damaris Vega

## THANK YOU TO ALL VOLUNTEERS AND OTHER WONDERFUL PEOPLE!

Monte Albers de Leon, Laureli Cohen, Colleen DiFonzo, Kat Dudina, Elizabeth Eames, Adam Esses, Sr. Socorro Evidente, Lisa Forsee, Edward Glenbockie, Selina Leung, Rahim Martinez, Kseniya Ruvinskaya, Greg Sachs, David Spacht, Will Express Delivery, Chad Zamkoff



*Children at Bethlehem House of Bread Orphanage, Bulacan Philippines*

# Hugs!

Hugs to Sr. Bernarda for sharing her mission in Ukraine. Maya's Hope looks forward to building relationships with many more orphanages.

Hugs to Hailey Myziuk of HelloHailey for designing countless media pages for emails Facebook and marketing campaigns, holiday cards, and the newsletter!

Hugs to Michael Meltzer for all his legal and marketing expertise and Alexandra Gerros for her savvy business skills.

Hugs to Leila Fernando-Tolosa for being a committed partner in the Philippines.

Hugs to Rene Perez-Bode of Starkey Hearing Foundation for providing a hearing aid for Mary Jane.



**MISSION** Maya's Hope helps disadvantaged children living in poverty and helps provide hope by instilling value and purpose in each child.



MAYA'S HOPE

follow:  [mayashope](#) and  [Maya's Hope](#)

email: [maya@mayashope.org](mailto:maya@mayashope.org) visit: [www.mayashope.org](http://www.mayashope.org)

Maya's Hope Foundation, Inc. is located in New York, New York.

Lightning Copy & Printing provided a special rate for the printing of this newsletter.

60 East 42nd Street New York, NY 10165 || 212-697-4398 || [www.lightningcopy.com](http://www.lightningcopy.com) || [gregsachs@lightningcopy.com](mailto:gregsachs@lightningcopy.com)



Newsletter Design by HelloHailey || [www.hellohailey.com](http://www.hellohailey.com) **HELLO.**

## PART IV

### SUPPORTING DOCUMENTATION: PRINTOUT OF WEBSITE





MAYA'S HOPE

**BRING HOPE  
TO A CHILD TODAY!**

contact us at [maya@mayashope.org](mailto:maya@mayashope.org)

### WELCOME!

Maya's Hope centers are currently in  
original stages of the need for  
orphanages across the world. It is  
our goal to provide a safe and  
loving home for orphaned children.  
Please visit [www.mayashope.org](http://www.mayashope.org)

### Give Hope to a Child

Sponsor a Child today and make a difference in the life of a child. What makes us different than other sponsorship programs? Your monthly payment goes directly to the child. There are no administrative costs other than mailings, since Maya's Hope is composed of volunteers.

For \$30.00 a month, you can change the life of a child and give hope for a brighter future.

To sponsor a child, contact [maya@mayashope.org](mailto:maya@mayashope.org).

Download the [Spring 2011 Newsletter \(pdf\)](#)

### SIGNUP FOR OUR NEWSLETTER

### LATEST TWEET

1 hour ago  
Angelina Jolie "Think about orphaned children not as a burden but as a great opportunity. Their education is an opportunity." <http://fb.me/10yTwwQz4>

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## NEWS

- Friend Carson donated \$28,000 worth of dental products and equipment – our largest donation to date!
- Starkey Hearing Foundation provides a hearing aid for Mary Jane, a child at Bethlehem House of Bread Orphanage, Bulacan Philippines.
- Maya's Hope has received donations whose value exceeds \$200,000!
- Maya's Hope is proud to announce its founding board members: Maya Rowencak, Michael Meltzer, and Alexandra Garros
- Hospicio de San Jose Orphanage in Manila, Philippines celebrated its 200th Anniversary in 2010.
- Bethlehem House of Bread Orphanage celebrated its 10th Anniversary in December 2010.

Download the Spring 2017 Newsletter (pdf)

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**LATEST TWEET**

1 hour ago  
Angelina Jolie "Think about orphaned children not as a burden but as a great opportunity. Their education is an

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## WHAT IS MAYA'S HOPE?

**SEE:** Through direct visits to institutions abroad that do not provide enough for the needs of orphaned and disadvantaged children, Maya's Hope observes conditions of institutions, the standards of care and education, the integrity / behavior of caretakers, social workers and staff. We then evaluate the needs of the institutions or individual children.

**BUILD:** Maya's Hope builds relationships with administrators and individuals concerned about disadvantaged children.

**GIVE:** Maya's Hope raises awareness for disadvantaged children around the world, raises funds, and finds corporate and individual sponsors. Maya's Hope ships humanitarian aid including medicines, clothing, dental products, etc.

**HOPE:** After receiving aid, institutions send letters, photos, and updates about the children and their progress.

**LOVE:** Maya's Hope maintains relationships with administrators providing continuous and and awareness. Maya's Hope not only brings aid and hope to children in need, but also love.

If you are a member of the media and wish to contact us, please click [here](#).

## SIGN UP FOR OUR NEWSLETTER

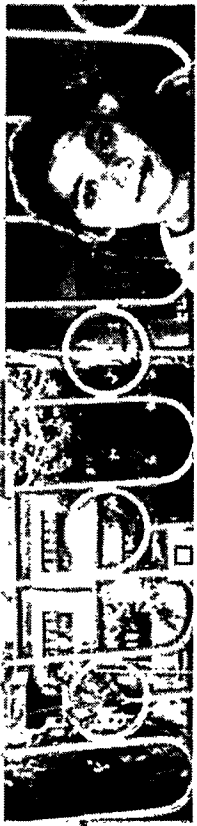
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## LATEST TWEET

2 hours ago  
 Angelina Jolie: "Think about orphaned children not as a burden but as a great opportunity. Their education is an opportunity." <http://fb.me/10Ytw9Qz4>

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## OUR STORY

After the unexpected loss of her mother in 2007, Maya Rowencak decided to reach out to children who may have never experienced the unconditional love that can only come from a parent. "I now understand the pain and loneliness of motherless children," explained Maya.

She began her journey in Christmas of 2008, visiting orphanages in her mother's native land of the Philippines. She had one goal in mind: to create new friendships. The children Maya met touched her heart and inspired her to be more than just a friendly visitor. She was determined to expand her efforts. Maya researched history, culture, travel and most importantly her own background.

Next stop: Ukraine – the motherland of her father. Because of the language barrier, Maya had to find a creative way to communicate and bonded with children over something as simple as her digital camera. By taking funny photos and laughing for hours, she again created those priceless friendships.

Upon Maya's return to New York, fate brought Sister Bernadette Arkalin, who shares the same passion and devotion for the less fortunate, into her life.

"She has the biggest heart in New York City," said Maya fondly.

With continued visits to orphanages in the Philippines and Ukraine and the help of Sister Bernadette, Maya's efforts grew and numerous care packages were shipped.

One child in particular, 12-year-old Mary Jane, was provided a hearing aid for the first time in her life.

Currently, Maya and her talented team of volunteers send monthly shipments of clothing, books, toys, medical and dental supplies, arts and crafts, and much more to countless children in need.

Maya's Hope is fortunate to partner with companies such as Barnes & Noble, Starkey Hearing Foundation, and Freud Carson.

"I want to do this for as long as I have the means to," said Maya. "These children remind me what life is all about ... being happy with what you have and enjoying the blessings of each day."

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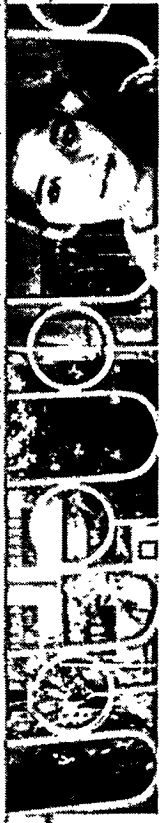
## LATEST TWEET

2 hours ago  
Angelina Jolie "Think about orphaned children not as a burden but as a great opportunity. Their education is an  
<http://fb.me/HyTnvvQz4>

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## WHERE WE HELP

Currently, Maya's Hope focuses on sending aid to orphanages and institutions for children in the Philippines and Ukraine.

The following orphanages are recipients of aid from Maya's Hope

Bethlehem House of Bread  
Little Baguio, Bakiuag  
3006 Bulacan, Philippines  
Visit BHB on Facebook

Hospicio de San Jose  
Ayala Bridge, 1099 Manila

Karitas Kiev  
"Кари́тас-Київ"  
Київ, вул Машинська, 7-Б  
тел./факс: (044) 512 00 85  
www.caritas-kiev.org.ua

Дитячий дитячий будинок №1  
для дітей-сиріт  
м. Львів, вул. Тарнопольська, 23  
79045  
Україна

Lviv Orphanage # 1  
Tadzhik St, 23  
Lviv, Ukraine 79045

Last to be updated with more orphanages and institutions!

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## LATEST TWEET

2 hours ago  
Angelina Jolie "Think about orphaned children not as a burden but as a great opportunity Their education is an opportunity" <http://fb.me/10yTWvQz4>

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## LATEST TWEET

2 hours ago  
Angelina Jolie "Think about orphaned children not as a burden but as a great opportunity. Their education is an

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# WHO WE WORK WITH

USA

- Sr. Bernadita Arcañán

## Philippines

- **Leila Fernando - Tolosa**
- **Sr. Maria Socorro Evidente**

## Warning

- Oloca Baidarova





HOME NEWS WHAT IS MAYA'S HOPE? PHOTO ALBUM WAYS TO GIVE SUPPORTERS CONTACT



## PAST PROJECTS

- After learning about Maya's Hope's Coat Drive, Academy of St. Elizabeth in New Jersey sent Christmas cards, coats and blankets to Karitas Kiev which were distributed to orphan children in Ukraine.
- The Art Exploration Class of South Plainfield High School created hand-made Christmas cards to send to Maya's Hope's sponsor children in Ilocos, Philippines.
- Hailey Mychuk, graphic designer for Maya's Hope, designed holiday cards exclusively for Maya's Hope. Cards were sold online as well as St. George Ukrainian Church in East Village New York City.
- Thanks to Starkey Hearing Foundation, an orphan child, Mary Jane, of Bethlehem House of Bread orphanage received a hearing aid for the first time in her life.

## SIGN UP FOR OUR NEWSLETTER

## LATEST TWEET

2 hours ago  
Angelina Jolie: "Think about orphaned children not as a burden but as a great opportunity. Their education is an..."  
<http://fb.me/1oYTWYQZ4>

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MAYA'S HOPE

BRINGING AID AND HOPE TO CHILDREN IN NEED





## OUR LOGO

The Lotus flower grows out of murky waters and mossy swamps, but blooms into a bright and beautiful flower, unstained and pure

## MAYA'S FLOPE

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## LATEST TWEET

2 hours ago  
Angelina Jolie "Think about orphaned children not as a burden but as a great opportunity. Their education is an .  
<https://fb.me/104TWvQz4>

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HOME NEWS WHAT IS MAYA'S HOPE? PHOTO ALBUM WAYS TO GIVE SUPPORTERS CONTACT



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#### LATEST TWEET

2 hours ago  
Angelina Jolie. "Think about orphaned children not as a burden but as a great opportunity. Their education is an opportunity." <http://fb.me/ty7WVQz4>

#### FOLLOW US!



#### WAYS TO GIVE

Coming Soon!

MAYAS HOPE

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# SPONSOR A CHILD

## How Can I Sponsor a Child and Bring Home?

Each child has potential.

With the financial help of sponsorship, these children would be able to have three full meals a day, access to medical care, books and other necessities to have a more hopeful future.

With Maya's Hope Sponsor A Child Program, you will build a personal, one-to-one relationship with your sponsored child.

Through letters, pictures and occasional gifts, you will come to know about your sponsored child's family, community, daily routine and his or her hopes for the future. These connections give children hope, make them feel nurtured and provide the confidence they might otherwise lack.

Alaya's Hopa encourages sponsors to visit their sponsor child, so they may see firsthand, the personal impact they are making on the life of one child.

**For \$30 a month, your generous sponsorship will:**

- help ensure a child receives adequate medical care and nutrition
- help educate a child and build community
- offer a personal relationship between you and your child through letters, photos, and periodic updates.
- provide hope for a better future

Email: [mayya@mayashoppe.org](mailto:mayya@mayashoppe.org)

**Become a Sponsor Today!**

- 1 Specify a boy or girl you want to sponsor
2. Mayra's Hope will use your sponsorship contribution of \$30 per month to provide your sponsored child with what he or she needs to grow healthy and thrive: education, nourishing meals, clean water, medical care and opportunities to play, develop and learn.
3. Correspond with your child through letters and pictures. You are not required to write, but hearing from sponsors is very meaningful to your sponsored children! It boosts their self-esteem and so much more
4. Updates about your sponsored child will be sent to you. This allows you to monitor your child's progress
5. Visits are welcomed! If you can make the trip, Mayra's Hope will arrange a visit for you and your sponsored child.





HOME NEWS WHAT IS MAYA'S HOPE? PHOTO ALBUM WAYS TO GIVE SUPPORTERS CONTACT



## VOLUNTEER

We are looking for:

- Promoters for Facebook, twitter and social networking sites
- Packers to help inventory and pack boxes to ship to orphanages
- Administrative staff
- graphic designers
- grant writers and event planners

If interested, please email [maya@mayahope.org](mailto:maya@mayahope.org).

PRESS

## SIGNUP FOR OUR NEWSLETTER

## LATEST TWEET

2 hours ago  
 Angelina Joie "Think about orphaned children not as a burden but as a great opportunity. Their education is an  
<http://ts.merlotyTwoOz4>

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MAYA'S HOPE



## WHY SUPPORT MAYA'S HOPE?

Maya's Hope is composed of dedicated and passionate volunteers. All our efforts are rewarded by the smiles we receive from the pictures provided by the orphanages.

All aid is documented and photographed and distributed to children in great need.

There are no administrative costs other than shipping and mailing costs.

**SIGNUP FOR OUR NEWSLETTER**

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LATEST TWEET

2 hours ago  
Angelina Jolie "Think about orphaned children not as a burden but as a great opportunity. Their education is an

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Supporters | Maya's Hope Supporters | Bringing Aid and Hope to Children in Need - Windows Internet Explorer

File Edit View Favorites Tools Help

mywebsearch -

Supporters | Maya's Hope Supporters | Bringing Aid and Hope to Children in Need

- Education
  - Burnes and Noble
  - Feitboard Stories
  - Film Movement
  - Macmillan
  - Tiny Einsteins
- Food
  - Nature's One
- Medical Supplies
  - Blaine Labs
  - Clinical Guard
  - Defense Soap
  - Genaden Biotech
  - Insight Pharmaceuticals
  - Just Health Shops
  - Life Plus Pharmacy
  - Medline
  - Snarky Hearing Foundation
- Shoes
  - Classic Kicks
  - Ibiza Kidz
  - Irregular Choice
  - Richard's Shoes
  - Shoefly
- Toys
  - Firefly Children's Boutique
  - Jack Rabbit Creations
  - Munchkin
  - Safari Ltd.

MAYA'S HOPE

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## PART V - QUESTION 5a

### CONFLICT OF INTEREST POLICY

**Part V**

**5a** – Please refer to the attached Conflict of Interest Policy. The board adopted this Policy by resolution at the first board meeting, held on November 11, 2010.

**Conflict of Interest Policy  
Of  
Maya's Hope Foundation, Inc.**

**ARTICLE I.  
Purpose**

The purpose of the conflict of interest policy is to protect this tax-exempt organization's (Organization) interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

**ARTICLE II.  
Definitions**

**1. Interested Person**

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

**2. Financial Interest**

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement.
- b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

**ARTICLE III.  
Procedures**

**1. Duty to Disclose**

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

## **2. Determining Whether a Conflict of Interest Exists**

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

## **3. Procedures for Addressing the Conflict of Interest**

- a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

## **4. Violations of the Conflicts of Interest Policy**

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

#### **ARTICLE IV. Records of Proceedings**

The minutes of the governing board and all committees with board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussion and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

#### **ARTICLE V. Compensation**

- a. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the governing board or any committee whose jurisdiction



includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

#### **ARTICLE VI. Annual Statements**

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

#### **ARTICLE VII. Periodic Reviews**

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

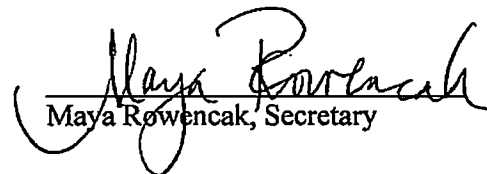
- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

#### **ARTICLE VIII. Use of Outside Experts**

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

This policy was adopted, by resolution, at a meeting of the Board of Directors held the 11<sup>th</sup> day of November 2010.

By:

  
Maya Rowencak, Secretary

## PART VI

# YOUR MEMBERS AND OTHER INDIVIDUALS AND ORGANIZATIONS THAT RECEIVE BENEFITS FROM YOU

## **Part VI**

**1a)** The main aspect of Maya's Hope is to send humanitarian aid (clothing, medicines, books, etc.) to children residing in orphanages/institutions. Maya's Hope also has a sponsorship program with an orphanage based in Bulacan, Philippines called Bethlehem House of Bread. Maya's Hope receives checks from sponsors, then forwards checks to Bethlehem House of Bread. Bethlehem then accounts for all funds and disperses funds to pay for the necessities of a sponsored child. Bethlehem provides pictures of children, letters, and receipts for all payments. Each sponsored child receives \$30.00 USD per month. Currently, there are 21 children sponsored through Maya's Hope. All funds are made payable directly to Bethlehem House of Bread.

**1b)** Maya's Hope's Sponsorship program is a collaborative effort with Bethlehem House of Bread orphanage in Bulacan, Philippines. All money collected goes towards individual children in need of education, nourishment and access to medical care.

## PART VIII

### YOUR SPECIFIC ACTIVITIES

## **Part VIII – Your Specific Activities**

**4a)** Maya's Hope will be conducting various fundraising events and projects. Our last effort to raise awareness and help defray shipping costs was our holiday card sales. Maya's Hope printed holiday cards which were sold at a holiday fair and online. In the future, Maya's Hope plans on coordinating events to raise money, as well as have regular email and Facebook campaigns to raise money for projects and shipping costs.

**4b)** Maya's Hope's Sponsorship program has a written contract with Bethlehem House of Bread and will have written contracts with any organizations with whom it provides funds.

Please refer to answer to **Part VI, Question 1a** for details about sponsorship program.

Expenses primarily consist of shipping, packing materials, transportation costs, mailings. Fundraisers may be required for certain purchases to be shipped or goods purchased abroad in the country where the institution is based.

**4c)** In the future, we may collaborate with other organizations to fundraise for certain child-related causes; however, at present, we are fundraising only for Maya's Hope.

**4d)** New York is primarily where fundraising events will be held. However, our mailing list goes to people residing throughout the United States.

**13b)** Maya's Hope has a sponsorship program. Sponsors donate \$30.00 a month for a particular child affiliated with the orphanage. Please refer to answer to Part VI, Question 1a for details about sponsorship program.

**13c)** Please see attached contract between Maya's Hope and Bethlehem House of Bread Orphanage.

### **13d) Recipient Organizations:**

- Bethlehem House of Bread Orphanage in Bulacan, Philippines (Institution for disadvantage and orphaned children)
- Hospicio de San Jose in Manila Philippines (Institution for disadvantage and orphaned children and adults)
- Karitas in Kiev, Ukraine (Organization providing assistance to children in need)

**13e)** Maya's Hope keeps track of sponsorship funds in excel files to monitor payments to Bethlehem House of Bread.

Bethlehem also provides receipts and excel files to ensure that all payments are received.

Upon request, Maya's Hope can receive copies of bank statements.

**13g)** Bethlehem House of Bread provides updates and reports of payments received. Money is distributed to social workers of the Barangay of Norzagaray in Bulacan, Philippines, who purchase items for the sponsor children, food, and medicines.

**14a)** Please refer to answer to **Part VI, Question 1a** for details about the sponsorship program.

**14b)**

Bethlehem House of Bread Orphanage in Bulacan Philippines

Bethlehem House of Bread Orphanage receives payments from sponsors through Maya's Hope and distributes funds through purchasing items for sponsor children. Items include: food, books, clothing, medicine and other necessities. Please refer to answer to **Part VI, Question 1a** for details about sponsorship program.

Hospicio de San Jose in Manila, Philippines – Maya's Hope plans to give monetary donations to help with administrative needs of the orphanage.

**14c)** Not applicable.

**14d)** Sponsors are provided updates from the child, letters, and photos which provide proof that children receive aid.

**14e)** Institutions are specifically selected by Maya's Hope.

**14f)** Once a year, Maya's Hope will conduct a site visit, meets with sponsor children, distribute aid that was previously shipped to children in remote locations who are in great need, observe conditions of institutions, and monitor performance of staff.

**15f)** Maya Rowencak, founder of Maya's Hope, has a close connection with Bethlehem House of Bread orphanage since 2008 through her efforts of sending constant aid to the orphanage. She has made two site visits, has lived on the premises of Bethlehem House of Bread orphanage and St. Martin de Porres Orphanage (Bethlehem's sister orphanage in Bustos, Philippines), and visited the mountainous village of Norzagaray, Bulacan where the children in need of sponsors reside.

**PART VIII - QUESTION 4b,c**

**COPY OF CONTRACT:  
SPONSORSHIP AGREEMENT WITH  
BETHLEHEM HOUSE OF BREAD  
ORPHANAGE IN BULACAN  
PHILIPPINES**

# **Maya's Hope Foundation, Inc. DBA Maya's Hope**

**5 East 22<sup>nd</sup> Street, #3E, New York, NY 10010**

## **MISSION**

The mission of Maya's Hope is to help disadvantaged children living in poverty and help provide hope to instill value and purpose in each child.

**THEREFORE, Maya's Hope Foundation, Inc., of New York, New York, United States, represented by Maya Rowencak, in order to fulfill and accomplish Maya's Hope's mission and charitable goals agrees to enter into the following agreement with:**

Bethlehem House of Bread

Represented by: Leila Fernando-Tolosa, Program Coordinator

Residing at: 0709 Little Baguio, Baliuag, Bulacan Philippines 3006

Telephone: 044-766-4977

Email: leilaf\_ph@yahoo.com

## **PREAMBLE**

Sponsors send sponsorship payments to **Maya's Hope** because they trust that their financial support will directly benefit sponsored child. **Maya's Hope** and its Sponsor-Sites are in a position of trust between sponsors and those sponsored. It is within this context that we want to clarify the following expectations regarding the use of **Maya's Hope** funds in Sponsor-Sites. The purpose of these expectations is to establish and maintain the highest standards that help deepen the trust sponsors have in **Maya's Hope** and mission partner.

As **Maya's Hope** and Bethlehem House of Bread represented by Leila Fernando-Tolosa begin or renew its sponsorship commitment, the Program Coordinator is wholly responsible for implementing all the directives within this agreement and those of the Sponsorship Manual. All reports required in this agreement shall apply equally to all funding.

The requirements are important in promoting the following goals:

**Communication** - to promote a personal relationship between sponsor and those sponsored; and

**Accountability** - to enhance the trust and faith sponsors have in **Maya's Hope** and the mutual trust **Maya's Hope** has with those responsible for providing benefits to sponsor children.



## **AUTONOMY**

*The Mission-Site Program will have autonomy and freedom to manage the sponsorship program. In doing so, it agrees to work within Maya's Hope's guidelines and requirements and to assist with Maya's Hope's mission of bringing aid and hope to children in need.*

1. Those in most need are the first to be enrolled in **Maya's Hope** Sponsorship Program.
2. Sponsorship funds received from **Maya's Hope** are used for the benefit of the sponsored children (and families if applicable).
3. The **Mission Site Program Coordinator** shall submit quarterly budget requests for funding in compliance to the **Maya's Hope** sponsorship manual showing how the requested funds will be spent.
4. **Maya's Hope** shall review, request clarifications, make recommendations or approve quarterly budgets before sending funds. Sponsorship funding is limited to the number of children sponsored.
5. **Maya's Hope** shall at no time be obligated to send any funds and reserves the right to withhold any or all funding for any reason whatsoever.
6. The **Mission Site Program Coordinator** shall disburse the funds received in strict accordance to the approved budget. Authorization to vary from the budget shall be requested in advance.
7. The **Mission Site Program Coordinator** shall submit to **Maya's Hope** detailed quarterly Financial Reports, bank statements, corresponding receipts and vouchers in compliance to the **Maya's Hope** sponsorship manual.
8. When children no longer receive benefits, their names are promptly removed from sponsorship and **Maya's Hope** is informed of this within a month.
9. The **Mission Site** shall have an annual audit performed by external independent and accredited auditors and submit to **Maya's Hope** its full report.
10. **Maya's Hope** shall periodically perform field reviews and financial audits at its own discretion after an advance notice of at least one month has been given. The **Sponsor-Site** shall make available to the **Maya's Hope** representative all financial and child records; allow and facilitate meetings with all management, staff and beneficiaries as well as suppliers, and banking institutions, and construction sites funded by **Maya's Hope**.
12. The **Mission Site Program Coordinator** shall ensure that staff shall enjoy all the legal rights and privileges assured them under local governing laws, statutes, regulations and ordinances.
13. The **Mission Site** does not have the authority to act on behalf of **Maya's Hope** without its prior written consent or to bind **Maya's Hope** in any way, except as specifically authorized.
14. This agreement may be terminated by either party by a minimum of three months written notice to the other party.

15. The **Mission Site** shall implement any directions that may be given from time to time by **Maya's Hope** as may be necessary for the proper administration and management of the sponsorship program.

#### **REQUIREMENTS FOR SPONSOR CHILDREN**

1. Each sponsored child is made aware of sponsorship opportunities and responsibilities.
2. Each sponsored child is required to maintain correspondence through letter-writing – periodic, holiday, birthday, and thank you.
3. Assistance is given so that letters are personal – formatted letters are not acceptable.
4. Each sponsored child knows the name of his/her sponsor and is available to meet the sponsor if visited.

#### **SPONSORSHIP FUNDS PROVIDE CURRENT BENEFITS**

1. Locally reserved funds kept on site must not exceed one quarter of funding received in the previous three (3) months. Accumulation of additional funds requires consultation with **Maya's Hope**.
2. Monthly financial reports and budget requests must be submitted to **Maya's Hope** on a quarterly basis.

#### **REPORTS ON BENEFITS FOR SPONSOR CHILDREN**

1. Written descriptions of benefits provided by the Mission Site must be submitted to **Maya's Hope** annually in the Director's communication report.
2. Sponsorship requirements must be adhered to as outlined in the manual.

#### **SUPPORT FROM MAYA'S HOPE**

1. **Maya's Hope** agrees to provide financial support for currently sponsored children.
2. **Maya's Hope** will provide information, feedback, and consultation to assist the Mission Site Program Coordinator.
3. **Maya's Hope** and those responsible for the **Mission-Site** enter into or renew this agreement with full awareness and commitment to the sponsorship relationship.

#### **MAXIMIZED BENEFITS FOR SPONSOR CHILDREN**

The **Mission Site Program Coordinator** agrees to operate as much as possible within 15% for cost of administration.

#### **SAVINGS ACCOUNT AND RESERVES AT SPONSOR SITES**

1. If a **Mission Site** is reorganized or closed, all remaining **Maya's Hope** funds shall be returned to **Maya's Hope**.

### **CURRENCY EXCHANGE**

1. A financial institution will be used for the exchange of U.S. dollars into local currency.
2. Bank documents of currency exchange will be obtained and included in the financial report sent to Maya's Hope.
4. All Bank accounts involving Maya's Hope funds will be disclosed to Maya's Hope

### **ACCOUNTABILITY AND QUARTERLY REPORTS**

1. Copies of Quarterly reports sent to Maya's Hope shall also be maintained at Mission Program Site.

**Having read and understood the above, the signers accept and agree to comply with the stated expectations.**

### **DURATION OF AGREEMENT**

This agreement shall endure for three (3) years inclusively from this

Date: November 15, 2010

(month/day/year)

Until: November 14, 2013

(month/day/year)

As witnessed by the following and each affixing their seal:

**Mission Site Program Coordinator: Leila Fernando-Tolosa**

LEILA FERNANDO-TOLOSA Date: 15 November 2010

**MAYA'S HOPE PRESIDENT: Maya Rowencak**

Maya Rowencak Date: December 1, 2010

# **SCHEDULE D.**

## **SECTION 509(A)(3) SUPPORTING ORGANIZATIONS**

## **Schedule D. Section 509(a)(3) Supporting Organizations**

### **Section 1: Identifying Information About the Supported Organization(s)**

- (1) State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

Bethlehem House of Bread  
Little Baguio, Baliuag  
Bulacan, Philippines 3006

Republic of the Philippines Department of Finance Bureau of Internal Revenue  
TIN: 005-712-586-000

- (3) Public Charity under section 509(a)(1)

Bethlehem House of Bread is a registered social work agency located in the Philippines, and therefore, is not a Public Charity under section 509(a)(1).

Bethlehem House of Bread  
Little Baguio Baliuag  
Bulacan, Philippines 3006  
Tel: (044) 766-4977

Republic of the Philippines Department of Finance  
Bureau of Internal Revenue  
TIN: 005-712-586-000  
Registered name: Bethlehem (House of Bread)  
Birth Date: 12/12/1998  
Issue Date: 01/05/2006  
Registration Date: 07/14/1999  
OCN: 4RC000246218  
Line of Business/Industry: 9191 Activities of Religious Organizations (Philippines)

License to Operate issued by Republic of the Philippines Department of Social Welfare and Development Regional Office III City of San Fernando, Pampanga. Bethlehem House of Bread is licensed to operate as a social work agency implementing residential care for malnourished children with the rights and honor and privileges as well as the obligation and responsibilities appertaining thereunto, in accordance with Section 23, Republic Act 4373 "An Act to Regulate the Practice of Social Work and the Operation of Social Work Agencies in the Philippines and for other Purposes."

Please refer to attached tax documents and certifications.

### **Section 2: Relationship with Supported Organization(s) – Three Tests**

(4c) Maya's Hope maintains a close relationship with Bethlehem House of Bread (Bulacan, Philippines) and its Mission Coordinator, Ms. Leila Fernando-Tolosa. Maya's Hope has designated Ms. Fernando-Tolosa as the administrator and agent of Maya's Hope's Sponsorship Program for Bethlehem House of Bread and partners (ie. Social workers of Barangay of Norzagaray). Ms. Fernando-Tolosa provides frequent updates about children residing at Bethlehem House of Bread and sponsored children (not residing at Bethlehem House of Bread), receipt of payments and delivery of parcels, photos, letters and other documentation of children, and monitors and distributes funds for sponsored children.

Pictures of sponsored children are uploaded on [www.facebook.com/mayashope](http://www.facebook.com/mayashope) and on [www.mayashope.org](http://www.mayashope.org). Pictures are also sent to individual sponsors via email and regular mail. Sponsorship payments are recorded in Excel files shared between Maya's Hope and Bethlehem House of Bread.

Please refer to attached letter issued by a social worker for the Barangay Bigte Norzagaray in the province of Bulacan, Philippines requesting sponsorship for individual children residing in Norzagaray.

Please refer to attached pamphlet showing history and background of Bethlehem House of Bread.

Once again, please refer to the Agency Agreement between Maya's Hope and Bethlehem House of Bread regarding our sponsorship program (previously provided in the answer to **Part VIII**, questions **4b** and **4c**).

(4e) Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

Maya's Hope launched its Sponsorship Program with Bethlehem House of Bread for children residing at Bethlehem House of Bread. Social Workers from the Barangay of Norzagaray (Philippines) who partner with Bethlehem House of Bread requested financial assistance from Maya's Hope to allow children residing in Norzagaray to participate in Maya's Hope Sponsorship Program, to be regulated by Bethlehem House of Bread c/o Ms. Fernando-Tolosa. The social workers employed at Bethlehem House of Bread often visit Norzagaray since many children admitted to Bethlehem House of Bread come from Norzagaray. In an effort to allow individual children to receive food, education and basic necessities, Maya's Hope accepted 50 children from Norzagaray as candidates for sponsorship. Social workers from Norzagaray receive funds every month from Bethlehem for the sponsored children, which are used for monthly supplies of food, clothing, and necessities for school. Social workers also document visits and provide pictures to Ms. Fernando-Tolosa which are forwarded to Maya's Hope as proof of distribution of funds. Sponsored children write letters to Maya's

Hope sponsors, which are forwarded to Maya's Hope (USA). Maya's Hope then sends letters directly to sponsors.

Please see Sponsorship Agreement with Bethlehem House of Bread (previously provided in the answer to **Part VIII**, questions **4b** and **4c**). Letter from Norzagaray and history of Bethlehem House of Bread Orphanage are also attached (provided in response to question **4c**).

**(5)** Maya's Hope launched a Sponsorship Program in partnership with Bethlehem House of Bread. Funds are directly issued by sponsors to Bethlehem House of Bread. Those funds are distributed to social workers to buy monthly supplies for sponsored children. Details can be found in the answer to question **(4e)**, above.

## **SCHEDULE D.**

### **SECTION 1, QUESTION 3**

#### **TAX DOCUMENTS AND CERTIFICATIONS FOR BETHLEHEM HOUSE OF BREAD ORPHANAGE IN BULACAN PHILIPPINES**





Republic of the Philippines  
DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
Regional Office III  
City of San Fernando, Pampanga

## License to Operate

is hereby issued to

**Breadth House of Bread**

Name of Agency

**6759 Little Baguio, Balibag, Bulacan**

Address

**Province of Bulacan**

Area Coverage of Operation

For satisfactorily fulfilling the requirements for licensing, thus is authorized to operate as a social work agency implementing residential care for malnourished children with the rights and honor and privileges as well as the obligation and responsibilities appertaining hereunto, in accordance with Section 23, Republic Act 4373 "An Act to Regulate the Practice of Social Work and the Operation of Social Work Agencies in the Philippines and for other purposes."

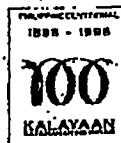
This license to operate is valid unless revoked.

Issued this 30th day of November, 2004, in City of San Fernando, Pampanga

*Florita R. Villar*  
**FLORITA R. VILLAR, CESO III**  
Director IV *pro*



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
**SECURITIES AND EXCHANGE COMMISSION**  
SEC Building, EDSA, Greenhills  
City of Mandaluyong, Metro Manila.



SEC REG. NO. A200015276

## CERTIFICATE OF INCORPORATION

KNOW ALL MEN BY THESE PRESENTS:

This is to certify that the Articles of Incorporation and By-Laws of

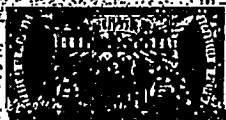
**BETHLEHEM HOUSE OF BREAD INC.**

were duly registered by the Commission on this date upon the issuance of this Certificate of Incorporation in accordance with the Corporation Code of the Philippines (Batas Pambansa Blg. 68), approved on May 1, 1980 and copies of said Articles and By-Laws are hereto attached.

This Certificate grants juridical personality to the corporation but does not authorize it to undertake business activities requiring a Secondary License or Permit to operate from this Commission or other government agency unless such license or permit is likewise obtained.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of this Commission to be affixed at Mandaluyong City, Metro Manila, Philippines, this 22nd day of December, Two Thousand.

  
**BENITO A. CATARAN**  
Officer-in-Charge  
Company Registration and Monitoring Department





REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FINANCE  
BUREAU OF INTERNAL REVENUE

**BETHLEHEM HOUSE OF BREAD**

TIN: **005-712-586-000**

LITTLE BAGUIO, BALIUAG,  
BULACAN

BIRTH DATE: 12/12/1998  
ISSUE DATE: 01/05/2006

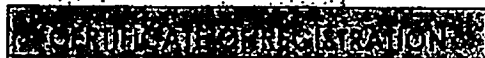
PICTURE

SIGNATURE

REPUBLIC OF THE PHILIPPINES  
KAGAWARAN NG NANALAPI  
KAWANIHAN NG PANGAS INTERNAS  
REVENUE DIVISION NO. 005  
REVENUE DISTRICT NO. 025

BIR **2303**  
Form No.  
Revised July 1997

OCN 4RC0000246218



|                                                             |                                    |                                                                           |
|-------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------|
| TIN<br>005-712-586-000                                      | NAME<br>BETHLEHEM (HOUSE OF BREAD) | REGISTRATION DATE<br>07/14/1999                                           |
| REGISTERED ADDRESS<br>LITTLE BAGUIO BALIUAG<br>BULACAN 3006 |                                    |                                                                           |
| REGISTERED ACTIVITY(IES)<br>TAX TYPE<br>INCOME TAX          |                                    |                                                                           |
| TRADE NAME<br>BETHLEHEM (HOUSE OF BREAD)                    |                                    | LINE OF BUSINESS / INDUSTRY<br>9191 ACTIVITIES OF RELIGIOUS ORGANIZATIONS |

I HEREBY CERTIFY THAT THE ABOVE NAMED PERSON IS REGISTERED AS  
INDICATED ABOVE, UNDER THE PROVISIONS OF THE NATIONAL INTERNAL  
REVENUE CODE

**SCHEDULE D.**

**SECTION 2, QUESTION 4c**

**LETTER ISSUED BY BARANGAY  
BIGTE NORZAGARAY**



**REPUBLIC OF THE PHILIPPINES  
PROVINCE OF BULACAN  
MUNICIPALITY OF NORZAGARAY  
BARANGAY BIGTE**

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08 December 2010

To Whom It May Concern:

Graces in his Holy Name!

We, the volunteers of Barangay Bigte Norzagaray Bulacan (Philippines), are writing to your kind office to request help for the children of Norzagaray.

Pity is what we feel for them because at early age they suffer from other situations such as: walking on the rocky roads (barefoot) to go to school, clothing is not enough, and others are malnourished. With our meager budget, we feed them once a month in our Barangay hall. The children walk about 3-5 kilometers to go to school. Some have to crossover the rocky mountain or streams, which is especially risky to these little ones. When it rains and the water is high, they might slip and drown in the stream. They carry their school things in a plastic bag and have 2 to 3 books for all the subjects they have to take. After going to school, they have to help their parents do household chores, cook with charcoal, and fetch water in streams or free a deep well, which is far from their houses. Though they are tired, they still find time to play, even for just a little while. They live in small houses made of raw materials, dirt floor, plastic or sacks roof, use charcoal or firewood for cooking.

Most parents are farmers, selling vegetables and fruits whenever they had no classes, charcoal making - a *seasonal* and harmful job that affects their lungs and causes sickness. They have to cut branches / trunks of trees, bury and burn them. After a week, it is made into charcoal and sold to the traders for 140 pesos (\$3.04 USD), which they could earn up to 1000 pesos (\$21.73 USD) for a week. (Note that this is not steady income, and a family could have as many as 10 children as well as elders.)

Other parents make marble. They have to blow up a big rock by pouring a chemical that causes it to explode. This must be done very carefully because if in case it doesn't explode, the parent may break a part of his body or even be killed.

These jobs are seasonal. They could not do them on rainy days, only in the summer time. Charcoal and marble making are very dangerous livelihoods.

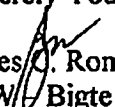
Poverty is everywhere. Some children cannot go to school because they cannot afford school supplies, much less school tuition. Children often help sell charcoal, fruits and vegetables.

On behalf of my colleagues, I humbly ask you to help us, in whichever way you can for the sake of these innocent impoverished children. They are in great need of shoes, clothing, school supplies and most importantly medicines. Whenever they get sick, they cannot be sent to the hospital because they do not have sufficient money to buy medicines.

Your help would greatly affect the lives of everyone here and will improve the life of a child, who in turn, can give back to help his/her village. Education is the only escape for those living here. But a child cannot learn without paper and pencil.

We hope that you will understand us and have pity on these children. I am very grateful to have sponsors and friends like you. God Bless!

Sincerely Yours,

  
Agnes C. Roman  
BHW/ Bigte  
(Barangay Health Worker)

# SCHEDULE D.

## SECTION 2, QUESTION 4c

### HISTORY OF BETHLEHEM HOUSE OF BREAD



# **BETHLEHEM HOUSE OF BREAD**

## **History and Background**

In the bustling town of Baliuag, there is a house for the poor malnourished children. Its location is rather unusual being just behind the public market, but God's designs are often startling to the undiscerning mind.

For one, there is a sharp contrast between the purposes of the odd neighbors – one for nourishing the body, the other, for the soul. Clearly, the center will provide a happy balance in the life of the people there, especially as it serves to remind them of the more essential values in life –our spiritual well being.

Often times, we are not aware of His gentle persuasion towards this end. For He does it in a circuitous way, choosing people and touching their hearts to do something for His favored flock – the poorest of the Poor. In this particular case, a woman's self-denial and concern for others has made this apostolate for malnourished children possible in Baliuag.

In 1985, Ka Nena Cruz, a deeply religious lady from Baliuag, donated a 3,000 sq. m. lot to the apostolate missions of Rev. Fr. Boyet S. Concepcion. Being just behind the Baliuag public market, it is a prime lot that could command a hefty sum, but she gave it all for God's own purpose.

Meanwhile, Fr. Boyet and the youth from Galilee Home had begun to do their outreach program even extending to the outskirts of Baliuag. It is here where the good priest found a number of children who were malnourished and sickly. He would periodically share with them the vitamins, medicines, food and clothing they received from the benefactors and friends of Galilee Home. But in the course of time, he came to realize that a continuing program and holistic intervention was necessary to achieve permanent and desirable results. This led to the happy match between the donated site and the need of the area – a nutrition center where malnourished children can be nursed back to health. When the plan was brought to the Most Rev. Bishop Rolando J. Tria-Tirona, he readily gave his blessings. Thus, on April 26, 1997, marked the groundbreaking and official start of the construction of Bethlehem House of Bread.



**VISION:**

The House of Bethlehem is a simple apostolate which is pure in its ways and true to its goal of carrying into action the Lord's words "Whoever welcomes a child such as these children for My sake welcomes Me and whoever welcomes Me, welcomes Him who sent Me." (Mk 9:37) It is finding love and serving Christ on malnourished children of the poor of whom the House shall give care. Eventually, what God desires to happen to His chosen community shall be realized.

**MISSION:**

The Bethlehem apostolate shall strive to bring about normal physical health and spiritual nourishment for the malnourished children of the poor and for those who will participate in this spiritually rewarding undertaking.

Specifically, it aims to:

1. Devote time, heart, hands in serving Christ in His least in the spirit of love and service.
2. Nurse back to normal health the poor malnourished children.
3. Coordinate efforts with various groups to complement the services in the house.
4. Engage parents, benefactors, friends and co-workers in regular spiritual exercises.
5. Provide continuous improvement and structuring of the House's condition for better operation.
6. Used a prepared evaluation guidelines for better personal, social and spiritual formation of the Bethlehem community.

**PROGRAMS:**

For the Children:

- Soup Feeding
- Caring for Malnourished Children
- Medical Mission
- Sheltering of Abandoned and Battered Children
- Hospitalization and Surgery of indigent children in dire need of medical assistance.
- Dental Mission
- Day Care Center to in-house and indigent children in the vicinity
- Refugee Center in cases of floods and strong typhoon
- Interment assistance

For Staff:

- Exposure program for Co-workers through medical, dental missions
- Orientation lectures for parents and co-workers
- Participate in Regular Spiritual Exercises  
(Daily Mass, Rosary, Holy Hour, Visit to the Blessed Sacrament, Community Prayer, Bible Sharing, Recollection for benefactors and staff)

**GENERAL POLICIES**

1. Love, truth and services shall be the basic operating policy of Bethlehem.
2. Co-workers and volunteers shall be limited in number for efficient and effective management and satisfactory daily work accomplishments.
3. Staff and volunteers shall spend quiet moments in the Adoration Chapel to reflect and meditate.
4. Taking pictures of the residents is not allowed.
5. Coordinate efforts with various groups to complement the services in the House.
6. Parents or their authorized representatives shall make a written waiver or sign a prepared document upon admission of the child to the House.
7. Parents of our in-house children are not allowed to sleep inside the mission house except for the following cases:
  - The child is sick and needs a 24 hour nursing attention. The parent should observe House rules.
  - The child is scheduled for further treatment in Manila and they have to leave early the following morning.
  - The parent came from distant location and returning home at night would be difficult or dangerous to travel.
8. Decision on any case related to management including misbehavior and nurturance shall be made after deliberation with the apostolate Servant.
9. Care of the malnourished and sick children shall end on the 3<sup>rd</sup> /6<sup>th</sup> month as residents/wards of the House.
10. No inconsiderate expenses shall be made as it would be contrary to justice. All gifts received are the fruits of sacrifice made in favor of the poor and sick children.
11. The feeding program of the House shall take effect on scheduled time and day.
12. The medical mission shall be held in coordination with the medical institutions, private and civic action groups.
13. In-charge of the services shall observe propriety in executing functions.
14. The Liceo de Bethlehem administrative and teaching staff shall undertake the literacy program of Bethlehem.
15. Evaluation of social, personal and spiritual behavior and work performance shall be done during the monthly meeting.

Maya's Hope Foundation, Inc.  
503 West 47<sup>th</sup> Street, Suite 2FW  
New York, NY 10036

March 13, 2012

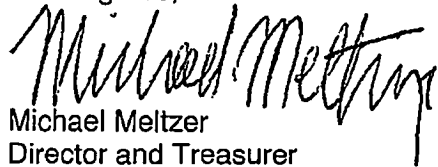
Lynn Hall  
Internal Revenue Service  
Exempt Organizations  
P.O. Box 12192  
Covington, KY 41012-0192  
Via fax: 1-859-669-3783

Dear Ms. Hall,

Thank you for handling Maya's Hope Foundation, Inc.'s application for 501(c)(3) status. On the following pages, please find our responses to the questions you sent us.

Please feel free to call or email me if you should require any explanation regarding our responses.

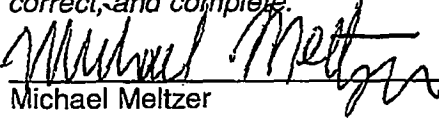
Best regards,



Michael Meltzer  
Director and Treasurer  
Maya's Hope Foundation, Inc.  
[michael@mayashope.org](mailto:michael@mayashope.org)  
Daytime Phone: 646-873-3203

**1. Please read the Penalties of Perjury statement on page 1 above. Then, please sign and date below, indicating you agree to the Declaration.**

*Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete.*

  
Michael Meltzer

3/13/12  
Date

**2. In order to come within the purview of Section 501(c)(3) of the Internal Revenue Code, you must amend your Articles of Incorporation with the Secretary of State to include the (purpose/dissolution) statement/statements shown below. After the Secretary of State has returned the filed copy of the amended articles to you, please furnish a copy to us so that we may complete the processing of your application.**

**PURPOSE:** The corporation is organized exclusively for the charitable, educational, religious, or scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code.

**DISSOLUTION:** Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code of 1986 (or corresponding provisions of any future United States Internal Revenue Law).

Maya's Hope will amend our Articles of Incorporation with the Secretary of State to include the purpose and dissolution statements indicated above. After the Secretary of State has returned the filed copy of the amended articles to us, we will furnish a copy to you so that you may complete the processing of our application.

**3. Please explain the relationship between your organization and the Republic of the Philippines Department of Finance Bureau of Internal Revenue and Bethlehem House of Bread.**

Maya's Hope does not have a relationship with the Republic of the Philippines Department of Finance Bureau of Internal Revenue and Bethlehem House of Bread. Maya's Hope has a working relationship with Bethlehem House of Bread which monitors all the sponsorship funds received from Maya's Hope. As evidence that Bethlehem House of Bread is an accredited and charitable organization, Bethlehem House of Bread allows Maya's Hope to present a copy of its certificate and identification number to donors. Maya's Hope wants to ensure that donors feel confident that their monthly funds are being allocated to purchases for specific sponsorship children in Maya's Hope's Sponsorship program.

**4. Please explain, specifically and furnish us with the following:**

**a. How is the general public, in the Philippines and in the United States, made aware of the sponsorship of these children?**

The general public (in the Philippines, United States and throughout the world), can learn about Maya's Hope's sponsorship program through the following:

- [www.mayashope.org](http://www.mayashope.org)
- [www.facebook.com/mayashope](https://www.facebook.com/mayashope)
- [www.youtube.com](https://www.youtube.com) - Channel **MayasHopeFoundation**
- [www.twitter.com/mayashope](https://www.twitter.com/mayashope)

Current and previous sponsors and corporate sponsors (corporate sponsors have made donations in kind who do not require tax credit)

**b. What criteria is used in the selection of the children and of Bethlehem House of Bread? Do the other children receive any sponsorships?**

The basic criteria for children in the sponsorship program is:

- Children may be enrolled in Maya's Hope Sponsorship program from infancy up to age sixteen.
- The child must be in the care of Bethlehem House of Bread or affiliated with Bethlehem House of Bread (there are sponsor children from Damascus Orphanage and children who live with their families or legal guardians in Norzagaray Village, Bulacan, Philippines). We are currently looking to expand to children in Bustos, Bulacan, Philippines.
- If the child is not residing in an orphanage, the child must live in extremely, impoverished conditions (i.e., no running water, no plumbing, single parent, area with high unemployment, etc.) with family or legal guardian. (Sponsorship funds are not given to parents/legal guardians. Items are purchased and distributed each month by social workers from Norzagaray Barangay, Bulacan).
- If the child is of sound mind and does not suffer from any learning and mental disabilities, child must present report card and maintain grades of "B" or higher.
- Social workers from Norzagaray Barangay select the children in Norzagaray and prepare the children's case files. Administrators at Zhytomyr Baby Orphanage in Zhytomyr, Ukraine select the babies for sponsorship. Administrator and Social workers at Bethlehem House of Bread select children residing at BHB and other affiliate orphanages for sponsorship.

**c. Please furnish with a copy of any printed materials, brochures, flyers that you may have distributed.**

**7. In order to determine if your organizations foreign expenditures and grant-making process are for exempt activities, please answer the following questions:**

**a. OFAC administers economic and trade sanctions based on U.S. foreign policy and national security goals against targeted foreign countries. U.S. Persons, including U.S. - based charities and donors, are generally prohibited from supporting charities or other organizations working in sanctioned jurisdictions unless the appropriate registration and license is acquired from OFAC. OFAC has developed guidelines for non-governmental organizations wishing to undertake humanitarian activities in sanctioned countries. These guidelines can also be found at:**

**[http://www.treas.gov/offices/enforcement/ofac/regulations/ngo\\_req.pdf](http://www.treas.gov/offices/enforcement/ofac/regulations/ngo_req.pdf)**

**In order to be compliant with OFAC-governed sanctions regulations, US Jurisdiction entities, including U.S. based charities, must ensure that they are not:**

**b. Engaging in trade or transaction activities that violate the regulations behind OFAC's country-based sanctions programs, and;**

**c. Engaging in trade or transaction activities with sanctions targets names on OFAC's list of Specially Designated Nationals and Blocked Persons (SDNs).**

**The master SDN List is an integrated listing of designated parties with whom U.S. persons are prohibited from providing services or conducting transactions and whose assets are blocked. The OFAC list of SDNs can be found at [www.ustreas.gov/offices/enforcement/ofac/index.shtml](http://www.ustreas.gov/offices/enforcement/ofac/index.shtml).**

**Maya's Hope is not engaging in trade or transaction activities that violate the regulations behind OFAC's country-based sanctions programs.**

**d. State whether you will operate only in the sanctioned area.**

**Maya's Hope will operate only in the sanctioned area.**

**e. Will you check the OFAC list for names of persons with whom you are affiliated with and who may reside in the sanctioned or non-sanctioned countries in which our organization will be operating?**

**Maya's Hope will check the OFAC list for names of persons with whom are affiliated with and who may reside in the sanctioned or non-sanctioned countries in which Maya's Hope operates.**

**8. Please furnish us with the following statements, signed and dated by a principal officer, stating the following:**

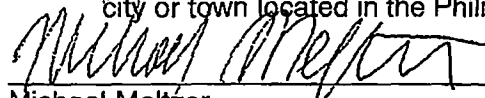
**a. That you understand OFAC regulations and that they will comply with them.**

**b. That you will check OFAC periodically; and**

c. That you will maintain discretion and control over funds.

d. That you will notify the key district of any foreign country that you will operate in, and any city or town located in the Philippines (other than the one specified in your application).

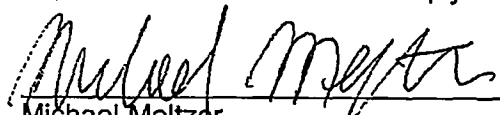
- Maya's Hope understands OFAC regulations and will comply with them.
- Maya's Hope will check OFAC periodically.
- Maya's Hope will maintain discretion and control over funds.
- Maya's Hope will notify the key district of any foreign country that we operate in, and any city or town located in the Philippines (other than the one specified in our application).

  
Michael Meltzer

3/13/12  
Date

9. Since you will operate in, or donate money to organizations located in foreign countries, or make other foreign expenditures of your organization funds, you must comply with Revenue Ruling 63-252, 1963-2 C.B. 101 and Revenue Ruling 66-79, 1966-1 C.B. 48. After reviewing these revenue rulings, please furnish us with a statement that you will comply with the required stipulations.

Maya's Hope has reviewed Revenue Ruling 63-252, 1963-2 C.B. 101 and Revenue Ruling 66-79, 1966-1 C.B. 48 and will comply with the required stipulations.

  
Michael Meltzer

3/13/12  
Date

# Business Card

BACK

## SPONSOR A CHILD

FOR \$30 PER MONTH, YOU HELP PROVIDE  
EDUCATION, FOOD, MEDICAL CARE, AND  
HOPE FOR A CHILD IN NEED.

MAYA'S HOPE FOUNDATION, INC.

MAYA@MAYASHOPE.ORG | MAYA'S HOPE  

FRONT



Internal Revenue Service  
P. O. BOX 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: February 9, 2012

Maya's Hope Foundation Inc  
c/o Michael Meltzer  
5 East 22<sup>nd</sup> Street  
New York, NY 10010-5320

Employer Identification Number:  
27-3889674  
Person to Contact - Group #:7830  
L. Hall 75092  
ID# 0243736  
Contact Telephone Numbers:  
Phone: 312-566-3884  
Fax: 859-669-3783  
Response Due Date:  
March 3, 2012

Dear Sir or Madam:

We need more information before we can complete our consideration of your application for exemption. Please provide the information requested on the enclosure by the response due date shown above. Your response must be signed by an authorized person or an officer whose name is listed on your application. Also, the information you submit should be accompanied by the following declaration:

*Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete.*

Please attach a copy of this letter and the enclosed Application Identification Sheet to all correspondence related to your application. This will enable us to associate the additional correspondence or documents with your application case file quickly and accurately, to facilitate processing of your application.

If we do not hear from you within that time, we will assume you no longer want us to consider your application for exemption and will close your case. As a result, the Internal Revenue Service will treat you as a taxable entity. If we receive the information after the response due date, we may ask you to send us a new application.

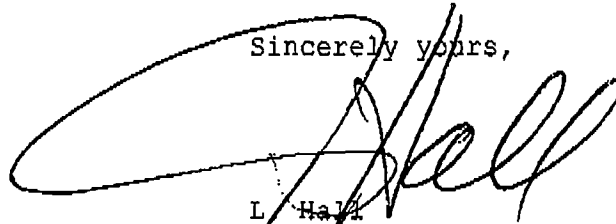
In addition, if you do not respond to the information request by the due date, we will conclude that you have not taken all reasonable steps to complete your application for exemption. Under Code section 7428(b)(2), you must show that you have taken all the reasonable steps to obtain your exemption letter under IRS procedures in a timely manner and exhausted your administrative remedies before you can pursue a declaratory judgment. Accordingly, if you fail to timely provide the information we need to enable us to act on your application, you may lose your rights to a declaratory judgment under Code section 7428.



Name: Maya's Hope Foundation Inc  
FIN: 27-3889674

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



L. Hall  
Internal Revenue Agent

Enclosure: Information Request  
Application Identification Sheet

Name: Maya's Hope Foundation Inc  
FIN: 27-3889674

Additional Information Requested:

1. Please read the Penalties of Perjury statement on page 1 above. Then, please sign and date below, indicating you agree to the Declaration.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

2. In order to come within the purview of Section 501(c)(3) of the Internal Revenue Code, you must amend your Articles of Incorporation with the Secretary of State to include the (purpose/dissolution) statement/statements shown below. After the Secretary of State has returned the filed copy of the amended articles to you, please furnish a copy to us so that we may complete the processing of your application.

PURPOSE: The corporation is organized exclusively for charitable, educational, religious, or scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code.

DISSOLUTION: Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code of 1986 (or corresponding provision of any future United States Internal Revenue Law).

3. Please explain the relationship between your organization and the Republic of the Philippines Department of Finance Bureau of Internal Revenue and Bethlehem House of Bread.

4. Please explain, specifically and furnish us with the following:

a. How is the general public, in Philippines and in the United States, made aware of the sponsorship of these children?

b. What criteria is used in the selection of the children and of Bethlehem House of Bread? Do the other children receive any sponsorships?

c. Please furnish with a copy of any printed materials, brochures, flyers that you may have distributed.

5. Provide a description of the goods that are shipped and delivered in the Philippines, provide an explanation of their purposes and who was the recipient(s).

Name: Maya's Hope Foundation Inc  
FIN: 27-3889674

6. Does your activity consists solely of providing financial support to Bethlehem House of Bread, or are in involved in other activities, including adoption? Please call contact person to discuss this issue.

7. In order to determine if your organizations foreign expenditures and grant-making process are exempt activities, please answer the following questions:

a. OFAC administers economic and trade sanctions based on U.S. foreign policy and national security goals against targeted foreign countries. U.S. persons, including U.S.-based charities and donors, are generally prohibited from supporting charities or other organizations working in sanctioned jurisdictions unless the appropriate registration and license is acquired from OFAC. OFAC has developed guidelines for non-governmental organizations wishing to undertake humanitarian activities in sanctioned countries. These guidelines can also be found at:

[http://www.treas.gov/offices/enforcement/ofac/regulations/ngo\\_reg.pdf](http://www.treas.gov/offices/enforcement/ofac/regulations/ngo_reg.pdf)

In order to be compliant with OFAC-governed sanctions regulations, US jurisdiction entities, including U.S. based charities, must ensure that they are not:

b. Engaging in trade or transaction activities that violate the regulations behind OFAC's country-based sanctions programs, and;

c. Engaging in trade or transaction activities with sanctions targets named on OFAC's list of Specially Designated Nationals and Blocked Persons (SDNs).

The master SDN List is an integrated listing of designated parties with whom U.S. persons are prohibited from providing services or conducting transactions and whose assets are blocked. The OFAC list of SDNs can be found at [www.ustreas.gov/offices/enforcement/ofac/index.shtml](http://www.ustreas.gov/offices/enforcement/ofac/index.shtml)

d. State whether you will operate only in the sanctioned area.

e. Will you check the OFAC list for names of persons with whom you are affiliated with and who may reside in the sanctioned or non-sanctioned countries in which your organization may be operating?

8. Please furnish us with the following statements, signed and dated by a principal officer, stating the following:

a. That you understand OFAC regulations and that they will comply with them.

b. That you will check OFAC periodically; and

c. That you will maintain discretion and control over all funds.

Name: Maya's Hope Foundation Inc  
FIN: 27-3889674

- d. That you will notify the key district of any foreign country that you will operate in, and any city or town located in the Philippines (other than the one specified in your application).
9. Since you will operate in, or donate money to organizations located in foreign countries, or make other foreign expenditures of your organizations funds, you must comply with Revenue Ruling 63-252, 1963-2 C.B. 101 and Revenue Ruling 66-79, 1966-1 C.B. 48. After reviewing these revenue rulings, please furnish us with a statement that you will comply with the required stipulations.

Name: Maya's Hope Foundation Inc  
FIN: 27-3889674

\*\*\*\*\* Important Response Submission Information \*\*\*\*\*

- Please do not fax and mail your response. Faxing and mailing your response will result in unnecessary delays in processing your application. Each piece of correspondence submitted (whether fax or mail) must be processed, assigned, and reviewed by an EO Determinations specialist.
- Please do not fax your response multiple times. Faxing your response multiple times will delay the processing of your application for the reasons noted above.
- Please do not call to verify receipt of your response without allowing for adequate processing time. It takes a minimum of three workdays to process your faxed or mailed response from the day it is received.

IF FAXING, PLEASE DIRECT ALL CORRESPONDENCE TO:

859-669-3783

IF MAILING, PLEASE DIRECT ALL CORRESPONDENCE TO:

US Mail:

Internal Revenue Service  
Exempt Organizations  
P. O. Box 12192  
Covington, KY 41012-0192

Street Address:

Internal Revenue Service  
Exempt Organizations  
201 Rivercenter Blvd  
ATTN: Extracting Stop 312  
Covington, KY 41011

|                                                   |                             |                 |              |                    |
|---------------------------------------------------|-----------------------------|-----------------|--------------|--------------------|
| TIME RECEIVED<br>February 17, 2012 5:51:41 PM EST | REMOTE CSID<br>312 566 3941 | DURATION<br>136 | PAGES<br>8   | STATUS<br>Received |
| FEB-17-2012 16:48                                 | IRS TEGE                    |                 | 312 566 3941 | P.01               |

## Internal Revenue Service

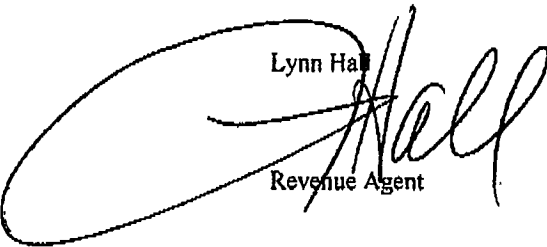
### Facsimile Cover Sheet



|                            |                                              |
|----------------------------|----------------------------------------------|
| To: Michael Meltzer        | From: LYNN HALL                              |
| Phone number -             | Phone number: 312-566-3884                   |
| -fax number - 646-827-7683 | FAX NUMBER: 312-566-3912                     |
| Date 2-17-12               | Number of Pages (including cover sheet)<br>8 |

Per your request, attached is Letter 1312, dated February 9, 2012. If you have any questions, please call me at the Number indicated above.

Thank you in advance.

  
 Lynn Hall  
 Revenue Agent