WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> MAYDM, INC. 203 S PATERSON ST, 400 MADISON, WI 53703

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Form	990
Form	<b>990</b>

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

. Inspection

Department of the Treasury Internal Revenue Service

Т

			d ending	D. Employer identifi	<del> </del>
B C	Check if	le: C Name of organization		D Employer identifie	cation number
	Addro	MAYDM, INC.			
	Name	08			
	Initial		Room/suit	81-09910 e E Telephone numbe	
	Final Final		400	(608) 81	
	termi ated			G Gross receipts \$	749,110.
	Amer	ded MADIGON WI 53703		H(a) Is this a group re	
	Appli tion				? Yes X No
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
11	Tax-ex	empt status: 🚺 501(c)(3) 🔲 501(c) ( ) (insert no.) 🗌 4947(a)(1	) or 📃 52	If "No," attach a	list. See instructions
	Nebsi			H(c) Group exemptio	n number
		f organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other	L Yea	r of formation: 2015	A State of legal domicile: WI
Pa	art I	Summary			
Ø	1	Briefly describe the organization's mission or most significant activities: WE I			
Governance		STUDENTS KNOW THAT A CAREER IN STEM IS P			
ern 8	2	Check this box if the organization discontinued its operations or disp	osed of mor	1	
Ň	3			<u>3</u>	8
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		21	
Activities &	6	Total number of volunteers (estimate if necessary)		10	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		U . Current Year
		Opertributions and suggets (Dart ) (III line 1b)		601,314.	695,190.
ne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		43,920.	52,366.
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		103.	1,529.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	25.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		645,337.	749,110.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		373,646.	513,100.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	Ь	Total fundraising expenses (Part IX, column (D), line 25)105, (	)39.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,456.	202,258.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		488,102.	715,358.
	19	Revenue less expenses. Subtract line 18 from line 12		157,235.	33,752.
or			E	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		743,256.	1,117,749.
tAs	21	Total liabilities (Part X, line 26)		21,129.	361,870.
Plan	22	Net assets or fund balances. Subtract line 21 from line 20		722,127.	755,879.
	art II	Signature Block			
	•	alties of perjury, I declare that I have examined this return, including accompanying schedul		•	knowledge and belief, it is
true.	. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of y	which prepare	er has any knowledge.	

Sign	Signature of officer	Date								
-	CHRISTINA OUTLAY, EXECUTIV	VE DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	SCOTT HAUMERSEN, CPA	SCOTT HAUMERSEN,	CPA 06/29	/23 self-employed	₽00084908					
Preparer	Firm's name WEGNER CPAS LLP			Firm's EIN 39-	0974031					
Use Only	Firm's address 2921 LANDMARK PL	STE 300								
MADISON, WI 53713-4236 Phone no. (608) 274-4020										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) MAYDM, INC.		81-0991008 Page 2
	t III Statement of Program Service Ac	omplishments	
	Check if Schedule O contains a response or	note to any line in this Part III	
1	Briefly describe the organization's mission:		
		OUTH OF COLOR IN GRADES 6-	
		ONNECTIONS TO PURSUE CAREE	RS IN AND CHANGE
	THE FACE OF STEM.		
2		ram services during the year which were not listed or	
		~	Yes X No
•	If "Yes," describe these new services on Schedule		ervices?
3		nificant changes in how it conducts, any program se	
4	If "Yes," describe these changes on Schedule O.	nliabmente far each of its three largest program as	isso as massived by synapses
4		plishments for each of its three largest program serv quired to report the amount of grants and allocations	
	revenue, if any, for each program service reported.	funed to report the amount of grants and anocations	to others, the total expenses, and
4a		09. including grants of \$ 0.	) (Revenue \$ 52,366.)
14		S LEARN LEADING PROGRAMMIN	G LANGUAGES AND
		N THE MORNING AND GET OUT	
	EXPLORE IN THE AFTERNOON.	STUDENTS ALSO GO ON FIELD	TRIPS TO LOCAL STEM
	COMPANIES TO SEE WHAT THEY	DO AND TALK WITH PEOPLE W	HO WORK IN THE
	FIELD EVERY DAY. THEY GET	TO MEET, CREATE, AND ADVEN	TURE ALONGSIDE
		TORS THROUGH IT ALL. FINAL	
		STEM COMPANIES TO WORK FOR	
		NTS ARE REQUIRED TO PARTIC	
		D THEN APPLY FOR THE INTER	NSHIP. MAYDM SERVED
	478 STUDENTS IN 2022.		
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including gra	nts of \$ ) (Revenue \$	)
4e	Total program service expenses	469,709.	/
			Form <b>990</b> (2022)
232002	12-13-22	2	()

3 2022.04000 MAYDM, INC.

	990 (2022) MAYDM, INC. 81-0991	.008	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b		x
-	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>-</u> -
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
	domostic government on r artix, column (v), inter r res, complete Schedule I, Parts I and II	1 21	000	177

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Form **990** (2022)

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Form	990	(2022)
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Form 990 (2022) MAYDM, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	044		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\square$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	 (2022)
232004	12-13-22 <b>F</b>	rorm	550	(2022)

5 2022.04000 MAYDM, INC.

2a         Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.         21         21           bit if least one is reported on line 2a, did the organization file al required federal employment tax returns?         2a         21           bit if least one is reported on line 2a, did the organization file al required federal employment tax returns?         2a         3a           bit Thes, 'hast iffied 3 form 900 T for this year?         1W or 'so line 3b, provide an explanation or Schedule O         3b           bit Thes, 'hast iffied 3 form 900 T for this year,' if Wo'r is line 3b, provide an explanation or Schedule O         3b         3a           bit Thes, 'hast iffied 5 or reports of the foreign country.         4a         4a         4a         4a           bit Thes, 'hast iffied 5 or reports of the foreign country.         5a         5a         5a           bit any schedule 3d and schedule 4d the organization file from 114, Report of Foreign Bank and Financial Accounts (FBAN), 5a         5a           dit any schedule 3d and the organization file from 8861.77         5b         5a           dit any contributions that ware not tax deductible as charitable contributions?         5a           dit He organization networks were solidation an express statement that such contributions or gifts were not tax deductible?         5a           dit He organization networks and schedule 4d using the year?         7a         7a		990 (2022) MAYDM, INC.	81-09910	08	Pa	age <b>5</b>	
2a         Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.         2a         21           b         If a last one is reported on line 2a, do the organization file al required federal employment tax returns?         2a         21           b         If a last one is reported on line 2a, do the organization file al required federal employment tax returns?         2a         2a           b         If Yes, 'Insta file al Grem BOOT for this year?         3a         0         0         4a         At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foring noutry (such as a brank account, securities account, or other financial accounts (FBAR).         5a         1a         5b         1b         0 or other outry signates as the organization in the organization file form 8886 1?         5a           c         11 Yes, 'to line 5a or 5b, did the organization file form 8886 1?         5a         5c         5c           6b         Did any transmittan of the organization file al required file form 8886 1?         5a         1b         7a         5a           10 Yes, 'to line 5a or 5b, did the organization file al required file form 8886 1?         7a         5a         1b         7b         ''Yes, 'to line 5a or 5b, did the organization file al required file form 8510,000, and did the organization solicit ary contributions and party as a contribution and party to produce andeparty as a contrast one file fo	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		<u> </u>	Yes	No	
file for the calendary year ending with or within the year covered by this return       La       21         3a       Did the organization file all engines factors and enspination file all engines factors and enspination on the stand the organization have unrelated business gross income of \$1,000 or more during the submit on the standard returns?       28       3         3a       At any time on increase in a property of the this year? if 'No'' to ine 30, provide an explanation to see adjusture or their authority over, a financial account?       4a         3b       If 'Yes,'' return the name of the foreign country (such as a bank account, securities account, or other financial account?       4a         3b       If 'Yes,'' return the ane of the organization have a harler transaction at any time during the tax year?       5a         3b       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solut any charticite for 1800,000, and did the organization solut any contributions?       5a         3c       Ves,'' (all the organization include with every solicitation an express statement that such contributions or gifts '''es', '' (all the organization include with every solicitation and parity for goods and services provided to the parity or 10 the value of the goods or services provided to the parity or 17b       7a         3c       Uf the organization notify the doron of the value of the goods or services provided to the parity or 10 visit was required to the form 8882?       7a         3c       Uf the organization notify the doron or the value of the goods or ser	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	Г		res	NO	
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b         3a       Dott the organization have unified business provide an explanation on Schedule 0       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authordy over, a financial account in a tereing outprivements to FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       4a         b       If "Yes," enter the name of the foreign country (such as a bank account; around the account's (such as a bank account; around a bank account; or other financial accounts (FBAR).       5a         5a       Was the organization a party to a prohibiled tax sheler transaction at any time during the tax year?       5a         5a       Dotes metable party notify the organization file form 88880 T?       6a         6a       Doses the organization and gross receipts that are normally greater than \$100,000, and did the organization solid.       6a         6a       Dote metable party notify the prohibited tax sheler transaction?       6b       6c         7 Organization set, and educubile?       7a       7a       7a         7 Uf "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7b       7b         7 Organization set, and ange, or otherwise dispose of tampible personal property for which it was requiled to file form 88282       7c			21				
3a       Did the organization have unreliated business gross income of \$1.000 or more during the year?       3a         b       If "Vas," hait filled a Ferm SPD Teo this year?       3a         b       If "Vas," hait filled a Ferm SPD Teo this year?       4a         At any time during the calendar year, did the organization have an inferest in, or a signature or other authomy over, a financial account; in a toreign country (such as a bank account; account; or other financial account; or other authomy one; a financial financial financial financial account; or other financial account; or other authom; or other financial account; or other authom; or other authom				2b	х		
4a       At any time during the calendar year, did the organization have an interest II, or a signature or other stuthority over, a financial account in a toring country such as a back account, securities account, or other financial accounts?       4a         b       If 'Yes,'' enter the name of the foreign country.       5a         c       Bod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a         c       If 'Yes' in the organization in form 88867?       5a         c       If 'Yes', in the organization in form 88867?       5a         c       If 'Yes', in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for gods and services provided the paper?       6a         0       If 'Yes', idd the organization notify the doner of the value of the gods or services provided?       7b         1       If 'Yes', idd the organization notify the doner of the value of the gods or services provided?       7c         1       If 'Yes', indicate the number of Form 88282 filed during the year       Ld       7c         1       If 'Yes', indicate the number of Form 88282 filed during the year?       7a         1       If the organization neceve a pythods, directly or indirectly, to pay permiums on a personal benefit contract?       7r         1       If the organization neceve a pythods, directly or indirectly, to pay permiums on a personal ben				3a		Х	
Interactial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a       b If 'Yes,' enter the name of the foreign country     5a       5a Was the organization a party to a prohibited tax shelter transaction?     5a       5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b       6a Does the organization are not tax deductible as charitable contributions?     5c       6a Does the organization network and upcose accounts of the anomally greater than \$100,000, and did the organization solicit are anomally organization and the organization solicit are any contributions that were not tax deductible?     6a       7 Organization statu any receive deductible as charitable contributions?     6a       7 Organization statu any symmet in cexess of \$57 made party as contribution and party for goods and services provided?     7a       7 Organization selve apprent in cexes of \$57 made party as contribution and party for goods and services provided?     7b       8 Did the organization network apprent in cexes of \$57 made party as contribution and party for goods and services provided?     7a       7 Organization network any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       7 Organization network any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7a       7 Did the organization network any funds, directly or indirectly, to apprentile mess of the anomaly of a contract on the apprentin the seces of the organization file form 889 as required?	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b			
b       If 'Yes,' enter the name of the foreign country       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a       Was the organization to a prohibited tax shelter transaction at any time during the tax year?       5a         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         cf       The organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit       6a         cf       The organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6b         f       Tyes,' did the organization notify the dong of the every solicitation an express statement that such contributions or gifts were no tax deductible?       6b         f       Organizations that may receive deductible contributions?       6a         did the organization notify the dong or otherwise dispose of tangible personal property for which it was required to tile form 8282?       7c         did the organization notify the dong or advised turk divised furth and the organization receive a contribution of qualified intellectual property, did the organization for form 8282?       7d         did the organization receive a contribution of qualified intellectual property, did the organization file a form 108-62?       7h         f       Tyes, 'ind the organization andre any taxable distributions undre section			over, a				
See instructions for Hing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization a party to a probibited tax shelter transaction at any time during the tax year?       5a         5b Did any taxable party notify the organization that it was or is a party to a probibited tax shelter transaction?       5b         6a Does the organization are mular gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a         7b TYes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7c Organization state any precive deductible contributions under section 170(c).       7a         7b If Yes,* did the organization notity the donor of the value of the goods or services provided?       7a         7c If Yes,* indicate the number of Forms 8282 filed during the year       7d         7c If the organization necelve any Monds, directly or indirectly, to pay premiums on a personal benefit contract?       7t         7d If Hross, indicate the number of Forms 8282 filed during the year?       8         9 Did the organization necelve any funds, directly or indirectly, to apy premiums on a personal benefit contract?       7t         7d If Hross, indicate the number of Forms 8282 filed during the year?       8         9 Did the organization necelve any tonds, dinceshot, boats paintershot, boat dawised turdh antalaned		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	·	4a		X	
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?     6a       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?     6a       7     Organizations that may receive deductible contributions under section 170(c).     7a       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7c       c     Did the organization notify the donor of the value of the goods or services provided?     7c       c     Did the organization receive any fundis, directly or indirectly, on a personal benefit contract?     7r       d     If "Yes," indicate the number of Forms 8282 filed during the year     2d     7c       Did the organization received a contribution of case, boats, anipenes, or there vehicles, dit the organization file a Form 10886?     7c       d     If "Yes," indicate the number of Forms 8282 filed during the year?     7d       g     Bytomoring organization receives a contribution of anglibe personal benefit contract?     7rd       h     If the organiz							
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5b         c       If "Yes" to line 5a or 5b, did the organization mails preserve that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       6a         b       If "Yes," to line coancisation near were available contributions and the organization solicit with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a         7       Organization releve a payment in excess of 375 made party as a contribution and partly for goods and services provided to the payof?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         d       If "Yes," indicate the number of Forms 8282 field during the year       Izd       7c         d       Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         f       Did the organization received a contribution of cars, boats, ariphanes, or other valicles, did the organization fiele Port 108e C?       7b         g the organization received a contribution of cars, boats, ariphanes, or other valicles, did the organization fiele Port 108e C?       7b <t< th=""><th></th><td></td><td></td><td></td><td></td><td></td></t<>							
c       If "Yes" to line 5a or 5b, did the organization file Form 8886:T?       5c         Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       6a         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions and party for goods and services provided to the payor?       7a         D       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         D       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c         c       Did the organization notify the donor of the value of the goods or services provides?       7c         D       If "Yes," did the organization ding the year pay premiums, directly or indirectly, on a personal benefit contract?       7t         T       Did the organization ding the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t         T       Did the organization ding the year, pay or other value of value during the year?       7a         T       H the organization make maintaining donor advised funds.       Did the sponsoring organization make and stribution to a donor, donor advised or dimaintained by the sponsoring organization. Enter?       9a         Sectin 501(cl(2) organization. Enter? <t< th=""><th></th><td></td><td></td><td></td><td></td><td><u>X</u></td></t<>						<u>X</u>	
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a         a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b       If "Yes," did the organization on exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         c       Did the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization receive a contribution of cars, boats, airplanes, or other whicles, did the organization file Form 8082 for qualified intellectual property, did the organization file Form 8082 for qualified intellectual property, did the organization file Form 8080 contract?       7e         f       Did the organization maintaining donor advised funds.       Did the organization file a Form 1098 cort       7a         g Sponsoring organization have excess business holdings at any time during the year?       8       8       9a         9 Did the sponsoring organization maintaining donor advised funds.       1a       1a       1a         10 the sponsoring organization make at st						X	
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b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         C Organizations that may receive deductible contributions under section 170(c).       10 the organization near the experiment in excess of S5 made party as a contribution and party for goods and services provided to the payor?       7a         D if the organization near the exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d         d if "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7d         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h         8 Sponsoring organization make any taxable distributions under section 4966?       8a         9 Did the sponsoring organization make a stirbution to a done, doner advisor, or related person?       9b         10 did the organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make a stirbution or advised fund scillates       10a         11 Section 601(c)(2) organizations. Enter:       10a <t< th=""><th>ьа</th><td></td><td></td><td>6-</td><td></td><td>х</td></t<>	ьа			6-		х	
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       b If the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payof?     7a       b If "Yes," did the organization nective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7b       c Did the organization nective as payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7c       7d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d       7e     7d     7d     7e       7d If the organization receive any funds, directly or indirectly, on a personal benefit contract?     7e       7f If the organization received a contribution of cars, boats, arphanes, or other vehicles, did the organization file Form 1089.7     7a       8 Sponsoring organization maintaining donor advised funds.     7d     7d       9 bid the sponsoring organization make any taxable distributions under section 4966?     9a       9 bid the sponsoring organization make any taxable distributions under section 4966?     9a       9 bid the sponsoring organization make any taxable distributions under section 4966?     9a       11 Section 501(c)(12) organizations. Enter:     10a       12 Soross income from there sources.     11a       13 Section 501(c)(12) organization. Extert:     10b	h		····· ⊢	oa			
7       Organizations that may receive deductible contributions under section 170(c).       a         a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo?       7a         b       If "Nes," idid the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         d       If "Nes," indicate the number of Forms 8282 filed during the year       7d       7c         d       If with enganization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         d       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7b         d       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7c         d       If the organization receive a contribution of qualified intellectual property, did the organization mates and stantaining donor advised funds.       8         sponsoring organization make addistribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advisor, or related person?       9a         Did the sponsoring organization make a distribution to a donor advisor, or related person?       9a         Did the sponsoring organization make a distribut				6h			
a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         f       Did the organization receive any funds, directly or indirectly, to a personal benefit contract?       7d         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g         h       If the organization exceess business holdings at any time during the year?       8e         9       Sponsoring organizations maintaining door advised funds.       10a       10a         a       Did the sponsoring organization make a distribution to a donor, door advised, received a contribution and patter the advised, received a contribution and patter the sponsoring organizations. Enter:       a       10a       10a         a       Did the sponsoring organization make a distribution to a donor, door advisor, or related person?       9e       9e       9e			····· ['	00			
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         e       Did the organization indiving the year, pay premiums, directly or indirectly, on a personal benefit contract?       7c         f       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         f       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f         Sponsoring organization make and thus.       Did the sponsoring organization make and thus.       8         9       Sponsoring organization make and instibution so donor, donor advised funds.       9a         10 die besponsoring organization make and instibution so included on Part VIII, line 12       10a       9a         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         12       Section 501(c)(72) organizations. Enter:       10a       10b       10b       10b         13       Section 501(c)(72) organizations. Enter:       10a       10b       10b       10b       10b			ided to the payor?	7a		х	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       76         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d         e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       7d         f       If the organization received a contribution of carls, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a         9       Did the sponsoring organization make any taxable distributions or advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10b       11b         12       Section 501(c)(21) organizations. Enter:       10b       11b         12       Section 501(c)(21) organizations. Enter:       11a       12a         13       Section 501(c)(21) organization includ							
to file Form 8282?     7c       d If "Yes," indicate the number of Forms 8282 filed during the year     7d       7     7d        7			····· ⊢	1.0			
d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7g         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n         8 Sponsoring organization make any taxable distributions under section 4966?       8         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9e         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         11b       12b       12c         12 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         11b       12b       12b         12a       12b       12c         13 Section 501				7c		Х	
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 1998-0?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-0?       7g         9       Sponsoring organizations maintaining doora advised funds.       Did a donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organizations. Enter:       10a       10a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       11a       10a         11       Section 501(c)(2) organizations. Enter:       11a       10b       11b       11b       11b         12       Section 501(c)(2) organizations. Enter:       11b							
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund anitained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a         10       the sponsoring organizations. Enter:       10a       10a         11       Section 501(c)(2) organizations. Enter:       10b       10b         11       Section 501(c)(2) organizations. Enter:       10b       10b         12       Section 501(c)(2) organizations. Enter:       10b       10b         13       Section 501(c)(2) organizations. Enter:       11a       10b       11b         12a       Section 501(c)(2) organizations. Enter:       11a       11b       12a         14       Torss income from members or shareholders       11a       11b       12a         13       Section 501(c)(22) organizations. Enter: <th></th> <td></td> <td></td> <td>7e</td> <td></td> <td>Х</td>				7e		Х	
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11a         128       Section 501(c)(21) organizations. Enter:       11a       11b         13       Gross income from members or shareholders       11a       11b       11b         13       Section 501(c)(22) qualified nonprofit heatth insurance issuers.       11a       12a         14       Tybe       11b       11b       11a       11b				7f		Х	
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         12       Section 501(c)(12) organizations. Enter:       10b       10b       10b         13       Section form ther sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         14       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Issue qualified health plans in more than one state?       13a       13a         144       Did the organization is leensed to issue qualified health plans in more than one state?       14a       14a      <	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g			
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       3a         a       Did the sponsoring organization make any taxable distributions under section 4966?       3a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11c       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule 0.       13a       13a         14a       Did Horganization receive any payments? If No," provide an explanation on Schedule 0       14b         15<	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h			
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         b       Gross income from members or shareholders       11a       11b       11b         12a       Section 501(c)(12) organizations. Enter:       11b       11b       12a         b       Gross income from them.on.       11b       12a       12a       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified nealth plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule 0.       13a       13a	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b         12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10c         13 Section 501(c)(12) organizations. Enter:       11a       11b       11b         14 Gross income from members or shareholders       11a       11b       11b         15 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13 Section 501(c)(29) qualified health plans in more than one state?       13a       13a         14 Did the organization licensed to issue qualified health plans       13b       13a         14 Did the organization section 4960 tax on payments? If "No," provide an explanation on Schedule O.		sponsoring organization have excess business holdings at any time during the year?		8			
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       13b       13c       14a	9	Sponsoring organizations maintaining donor advised funds.					
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       13a       13a         14       Di the organization licensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15a         14a       Did the organiz	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a			
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If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	If "Yes," see the instructions and file Form 4720, Schedule N.						
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
		If "Yes," complete Form 4720, Schedule O.					
that would reput in the imposition of an evolution tax under costion 4051, 4050 or 40500							
		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
If "Yes," complete Form 6069.					0000	000	
232005 12-13-22 Form <b>9</b>	2005		l	rorm	330	2022)	

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sor	Check if Schedule O contains a response or note to any line in this Part VI			
	Alon A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3	163	
	If there are material differences in voting rights among members of the governing body, or if the governing	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>WI</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	REBECCA HILDEBRANDT - (608) 819-6616			
	203 S PATERSON ST, STE 400, MADISON, WI 53703		990	

Form 990 (2022) MAYDM, INC.	81-0991008	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated						
Employees, and Independent Contractors							
Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.</li> </ul>							

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box			x, unless person		rson i	on is both an		compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus I	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		98	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		voldu	t con /ee	_	1099-INEC)		organizations		
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) CHRISTINA OUTLAY	40.00		-		-							
EXECUTIVE DIRECTOR		1		x				107,058.	0.	0.		
(2) JEFF MACK	2.00							-				
PRESIDENT		х		X				0.	Ο.	0.		
(3) AMY CARRICK	2.00											
SECRETARY		Х		Х				0.	0.	0.		
(4) RYAN ZERWER	2.00											
TREASURER		Х		Х				0.	0.	0.		
(5) THAN ASTIN	1.00											
DIRECTOR		Х						0.	0.	0.		
(6) JEREMY WODAJO	1.00											
DIRECTOR		Х						0.	0.	0.		
(7) GWYNETH HUGHES	1.00											
DIRECTOR		Х						0.	0.	0.		
(8) MARK GEHRING	1.00											
DIRECTOR		Х						0.	0.	0.		
(9) ANNA BURISH	1.00											
DIRECTOR		х						0.	0.	0.		
		-	-							<u> </u>		
		1										
		1										
		1										
		1										
232007 12-13-22			•	•		•				Form <b>990</b> (2022)		

Form 990 (2022)

8

Form 990 (										81-09	<u>910</u>	08	Pa	age <b>8</b>
Part VII	Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,				
	(A) Name and title	<b>(B)</b> Average hours per week	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> Estimated amount of other		
	(list any hours for related     iopanization endition     iopanization endition     iopanization endition     iopanization endition     iopanization endition     iopanization endition     iopanization (W-2/1099-MISC/ 1099-NEC)     iopanization (W-2/1099-MISC/ 1099-NEC)       below line     inpani inpanization     inpanization endition     iopanization inpanization     iopanization inpanization     iopanization						fro orga and	pensa om the anizat d relate nizatio	e ion ed					
									107.059					0
1b Subt	otal I from continuation sheets to Part VI								107,058.		0.			0.
	I (add lines 1b and 1c)								107,058.		0.			0.
2 Total	I number of individuals (including but n pensation from the organization								eceived more than \$100,	000 of reportable	ł			1
													Yes	No
	he organization list any <b>former</b> officer,	-		-	•	-		Ŭ	• •			2		Х
	la? If "Yes," complete Schedule J for s any individual listed on line 1a, is the su										-	3		<u></u>
and r	related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-		4		Х
	any person listed on line 1a receive or a ered to the organization? <i>If</i> "Yes." corr											5		х
	B. Independent Contractors		; ] [0	JI SU		Jers	011 .				····	J		
	plete this table for your five highest co	-									ensatio	on fro	m	
the o	organization. Report compensation for ( (A)	the calendar ye	ear e	ndın	ig w	ith c	or wi	thin	i the organization's tax y (B)	ear.		(C	;)	
	Name and business address NONE Description of services								Co		, nsatio	n		
								$\dashv$						
	I number of independent contractors (ii	•	ot lin	nitec	tot			ted	above) who received mo	ore than				
\$100	0,000 of compensation from the organized	zation				(	J							

	<u>1 990 (</u>					81-0991	008 Page 9
Pa	rt VII						_
		Check if Schedule O contains a response	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns     1a       Membership dues     1b	12,464.				Sections 512 - 514
, Gra	c b						
Gifts ar A	d						
ns, ( Simil	е	Government grants (contributions)	151,164.				
utio Ier S	f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	531,562.				
Oth	g		33,382.				
Con and	h	Total. Add lines 1a-1f		695,190.			
			Business Code				
ce	2 a	PROGRAM FEES	611710	52,366.	52,366.		
ervi ue	b						
m S ven	c d						
Program Service Revenue	e						
Pre	f	All other program service revenue					
	g			52,366.			
	3	Investment income (including dividends, inter-		1,529.			1,529.
	4	other similar amounts) Income from investment of tax-exempt bond p		1,529.			1,529.
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	· ···					
	C L						
		Net rental income or (loss)         Gross amount from sales of         (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
venue		and sales expenses 7b					
		Gain or (loss)					
Other Re		Net gain or (loss)					
Othe	0 4	including \$ of					
-		contributions reported on line 1c). See					
		Part IV, line 18	1				
	b						
	C Q a	Net income or (loss) from fundraising events Gross income from gaming activities. See					
	5 d	Part IV, line 19					
	b	Less: direct expenses 9t					
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold 10 Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a						
ellaneo evenue	b						
Miscellaneous Revenue	c		000000	<b>0</b> E			) ) ) [
Mis	d	All other revenue		25. 25.			25.
	е 12	Total revenue. See instructions		749,110.	52,366.	0.	1,554.
23200	9 12-13			•		•	Form <b>990</b> (2022)

7.0,			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 000	<i>c</i> , , , , , , , , , , , , , , , , , , ,	01 110	01 110
	trustees, and key employees	107,058.	64,234.	21,412.	21,412.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	257 201		10 000	
7	Other salaries and wages	357,321.	245,685.	49,096.	62,540.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	C 402	4 222	0.0.0	1 1 1 1 1
9	Other employee benefits	6,493.	4,333.	986.	<u>1,174.</u> 7,634.
10	Payroll taxes	42,228.	28,182.	6,412.	/,034.
11	Fees for services (nonemployees):				
	Management	4,002.		4,002.	
		21,785.		21,785.	
	Accounting	21,705.		21,705.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
y	column (A), amount, list line 11g expenses on Sch 0.)	24,498.	22,230.	2,268.	
12	Advertising and promotion	5,312.	5,312.	2,200.	
12 13	Office expenses	17,764.	11,013.	3,769.	2,982.
14	Information technology	1,,,010		377030	275021
15	Royalties				
16	Occupancy	46,523.	29,439.	7,799.	9,285.
17	Travel	4,195.	4,173.	10.	12.
18	Payments of travel or entertainment expenses	_/	_/_/ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,104.	9,104.		
23	Insurance	2,579.		2,579.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	46,004.	46,004.		
b	BAD DEBT	18,000.		18,000.	
с					
d					
е	All other expenses	2,492.		2,492.	
25	Total functional expenses. Add lines 1 through 24e	715,358.	469,709.	140,610.	105,039.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
23201	) 12-13-22				Form <b>990</b> (2022)
		11			

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7b, 8b, 9b, and 10b of Part VIII.

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

(A) Total expenses

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

**(D)** Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

Form 990 (	2022)
Part X	Balance Sheet

MAYDM, INC.

				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			474,760.	1	438,042
2	Savings and temporary cash investments			240,102.	2	241,631
3	Pledges and grants receivable, net			20,000.	3	54,118
4	Accounts receivable, net			6,000.	4	01/110
5	Loans and other receivables from any current o			0,0001		
ľ	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the		5			
6	Loans and other receivables from other disqual					
ľ	under section 4958(f)(1)), and persons describe				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	· · · · · · · ·			2,394.	9	3,901
	Land, buildings, and equipment: cost or other	·····		2,0010		
	basis. Complete Part VI of Schedule D	102	67 787			
b		10a	67,787. 9,104.	0.	10c	58,683
11	Investments - publicly traded securities				11	50,00
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line				13	
14					14	
15	Intangible assets	0.	15	321,37		
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ			743,256.	16	1,117,74
17	Accounts payable and accrued expenses			21,129.	17	32,83
18	Grants payable				18	52,05
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to any current or forr				21	
22	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrel		rtios		22	
23	Unsecured notes and loans payable to unrelate		Г		23	
24	Other liabilities (including federal income tax, pa					
25	parties, and other liabilities not included on line	-				
	of Schodulo D			0.	25	329,03
26	Total liabilities. Add lines 17 through 25			21,129.	26	361,87
20	Organizations that follow FASB ASC 958, che	eck here	X		20	501707
	and complete lines 27, 28, 32, and 33.					
27				381,078.	27	509,16
28				341,049.	28	246,71
	Organizations that do not follow FASB ASC 9					- ,
	and complete lines 29 through 33.	,				
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or e				30	
31	Retained earnings, endowment, accumulated ir		Г		31	
32	Total net assets or fund balances			722,127.	32	755,87
102	Total liabilities and net assets/fund balances	•••••	·····	743,256.	33	1,117,74

Form 990 (2022)

Form	1990 (2022) MAYDM, INC.	81-099	1008	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	749		
2	Total expenses (must equal Part IX, column (A), line 25)	2	715		
3	Revenue less expenses. Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	722	2,12	27.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	755	5 <b>,</b> 8'	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

Form **990** (2022)

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(Form 990)

Total

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number
8	1-0991008

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
Name of	the organizati						ormation	Employer	identification number	
ituitio oi	and di guinzati		M, INC.						1-0991008	
Part I	Reason			(All organizations must c	omplete th	his part ) S	ee instruction		1 0001000	
				For lines 1 through 12, c						
1		•	•	on of churches described		•	1)(4)(i)			
2			•	(Attach Schedule E (Forn		// // //	•,\~,\')•			
3				anization described in s		<u></u>	;;)			
4		•	i î	njunction with a hospital				Viii) Enter	the hospital's name	
- L	city, and state	-			accombod				ano noopital o hamo,	
5	•		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental	nit describe	ed in	
•	-	-	Complete Part II.)		o opolai					
6				nental unit described in	section 17	70(h)(1)(A)	(v)			
7 X				ntial part of its support fi				he deneral r	ublic described in	
			omplete Part II.)		onna gove	ommonitar		ne general p		
8				(1)(A)(vi). (Complete Par	t II )					
9	-			in section 170(b)(1)(A)(	-	ed in conii	inction with a	land-grant	college	
•				ulture (see instructions).						
	university:		jiani concejo or agino				, una clare el	ine conoge		
10		on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membersh	nip fees, and	d aross receipts from	
				t to certain exceptions; a						
				(less section 511 tax) fro					-	
			mplete Part III.)	,		·	,	5	,	
11	An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12	-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or	
	-	-	-	ed in section 509(a)(1) o				-		
	lines 12a thro	bugh 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	d 12g.		
a	-	-	• •	supervised, or controlled		-		-	giving	
			-	gularly appoint or elect a	• • •			•••••		
	organizatio	n. You must o	complete Part IV, Se	ections A and B.						
b	<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring	
	control or n	nanagement o	of the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or mana	ge the supp	ported	
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
c 🗌	Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
	its supporte	ed organizatio	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.			
d 🗌	] Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
	that is not f	unctionally int	egrated. The organiz	zation generally must sat	isfy a distr	ribution red	quirement and	d an attentiv	veness	
	requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .			
е	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
	functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f Ent	er the number	of supported o	organizations							
			n about the supporte		(iv) to the error	anization listed				
	(i) Name of support		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o	,	(vi) Amount of other	
	organization			above (see instructions))	Yes	No	support (see i	instructions)	support (see instructions)	

MAYDM, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	241,863.	479,954.	586,826.	613,230.	695,190.	2617063.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	241,863.	479,954.	586,826.	613,230.	695,190.	2617063.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						547,977.
6	Public support. Subtract line 5 from line 4.						2069086.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	241,863.	479,954.	586,826.	613,230.	695,190.	2617063.
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1.		575.	103.	1,529.	2,208.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10			-			2619271.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	205,261.
	First 5 years. If the Form 990 is for th						•
	organization, check this box and <b>sto</b>	0		, ,		()()	
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			olumn (f))		14	78.99 %
	Public support percentage from 2021		-			15	76.54 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						V
b	<b>33 1/3% support test - 2021.</b> If the o		•				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	ragnization	-	
۲	10% -facts-and-circumstances test	•	• •		•	7a, and line 15 is <sup>-</sup>	
~	more, and if the organization meets th	•				-	/ • •
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
				,,,,	,		(Form 990) 2022

Schedule A (Form 990) 202

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Schedule A (	Form	990	) 2022
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MAYDM, INC.

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	)					
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified person						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6		(, 2010	(0) 2020	(4) 2021		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.						
<b>14</b> First 5 years. If the Form 990 is for		rst, second. third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and <b>stop here</b>	0		-	-		·
Section C. Computation of Pul						
15 Public support percentage for 2022	2 (line 8, column (f), c	livided by line 13,	column (f))		15	%
<b>16</b> Public support percentage from 20					16	%
Section D. Computation of Inv					•	
17 Investment income percentage for			ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If t						
more than 33 1/3%, check this box	-					
b 33 1/3% support tests - 2021. If t						
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
20 Private foundation. If the organiza						
232023 12-09-22					Schedule	A (Form 990) 2022
		16	•			

16 2022.04000 MAYDM, INC.

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1

Yes No

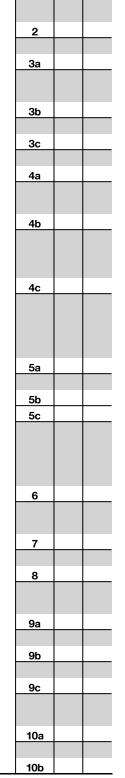
### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022

	(Form 990) 2022	MAYDM,	
Part IV	Supporting Org	anizations (con	tinued)

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			

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

Section C. 1	lype II Supp	porting Orga	nižations

 Yes
 No

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

Section D. All Type III Supporting Organizations	
--	--

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
C	The organization supported a governmental entity.	Describe in Fait VI now you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes." describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No
Yes No
Yes
No

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Par					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	1	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
		1a			
	Average monthly value of securities	1b			
	Average monthly cash balances				
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see	

instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 MAYDM, INC. Organizations 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2022

**Current Year** Section D - Distributions 1 **1** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 **10** Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018

c Excess from 2020 d Excess from 2021 e Excess from 2022

b Excess from 2019

Schedule A (Form 990) 2022

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MAYDM, INC.

Schedule A	(Form 990) 2022	MAYDM,	INC.	81-0991008 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ide the explanations required by Part II, line 10; Part II, lin 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	Section E, lines 2, 5, and 6. Also complete this part for an	y additional information.
232028 12-09-2	2		21	Schedule A (Form 990) 2022

## \*\* PUBLIC DISCLOSURE COPY \*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization	Employer Identificati	
M	AYDM, INC.	81-0991008
Organization type (check of	Organization type (check one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
Form 990-PF	<ul> <li>527 political organization</li> <li>501(c)(3) exempt private foundation</li> </ul>	

501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the parts unless to the set of the parts unless the set of the parts un

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	(Form 990) (2022)		1	Page <b>2</b>
Name of or	ganization		Employ	yer identification number
MAYDM,	INC.		81	-0991008
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$25,0	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4			
2		\$22,3	91.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contribution		(d) Type of contribution
3	Name, address, and ZIP + 4	\$68,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
4_		\$14,5	<u>52.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
5		\$26,9	<u>50.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6		\$19,2	27.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page <b>2</b>					
Name of or	ganization		Employer identification number					
MAYDM,	, INC.	81-0991008						
Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution					
7		\$107,5	Person       X         Payroll       Image: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution					
8		\$25,0	00. (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution					
9_		\$20,0	00. (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution					
		\$151,1	Person       X         Payroll       Image: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution					
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution					
		\$	Person Payroll On Payroll On Payroll On Payroll On Payrol On Payro					

Schedule B (Form 990) (2022)

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	ENC . Ioncash Property (see instructions). Use duplicate copies of Pa (b) Description of noncash property given (b) Description of noncash property given		(d)
(a) No. from Part I (a) No. from	loncash Property (see instructions). Use duplicate copies of Pa (b) Description of noncash property given (b)	trt II if additional space is needed.  (c) FMV (or estimate) (See instructions.)  (c) (c) FMV (or estimate)	(d) Date received
No. from Part I (a) from	Description of noncash property given	FMV (or estimate) (See instructions.)         \$	Date received
No. from		(c) FMV (or estimate)	(d)
No. from		FMV (or estimate)	
<u> </u>			Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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26 2022.04000 MAYDM, INC.

Schedule B (Form 990) (2022)

lame of or	rganization		Employer identification number
IAYDM	, INC.		81-0991008
Part III		(a) through (e) and the following line en , charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea ntry. For organizations
a) No.	Ose duplicate copies of r art in it addition		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		- (e) Transfer of gi	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	 jift
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gi	gift Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Turnels	(e) Transfer of gi	
-	Transferee's name, address,	, and ZIP + 4	Relationship of transferor to transferee
3454 11-15	-22		Schedule B (Form 990) (20

27 2022.04000 MAYDM, INC.

~~		Supplementa	al Financia	Statomonto			OMB No. 1	1545-0047		
		Complete if the orga		20	<b>7</b> 7					
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10					<b></b> 20	<b></b>		
	ment of the Treasury I Revenue Service	م Go to www.irs.gov/Form99	ttach to Form 990. O for instructions a		on	Open to Public Inspection				
	e of the organizati	ion					er identificatio	on number		
Pa	rt I Organiza	MAYDM, INC. ations Maintaining Donor Advise	d Eunde or Oth	or Similar Funds o	r Acc		81-0991			
Pa		on answered "Yes" on Form 990, Part IV, lin		er Similar Funds o	r Acc	ounts.	Complete if I	the		
	organizatio			dvised funds	(h	) Funds a	nd other acco	unte		
4	Total number at a	nd of yoor			(0	Ji unus a		unto		
1		nd of year								
2 3		of grants from (during year)								
4	Aggregate value o									
5		nt end of year		ts held in donor advised	funds					
Ū	-	on's property, subject to the organization's	-				Yes	No No		
6		on inform all grantees, donors, and donor a								
		poses and not for the benefit of the donor o								
	impermissible priv						🗌 Yes	No No		
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered	l "Yes" on Form 990, Pa	urt IV, li	ne 7.				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap	pply).						
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a	histori	cally imp	ortant land are	ea		
	Protection c	of natural habitat		Preservation of a	certifie	ed historio	c structure			
		n of open space								
2		through 2d if the organization held a qualit	fied conservation co	ntribution in the form of	a cons					
	day of the tax yea				-		d at the End of t	the lax Year		
a					···· F	2a				
b	-			······	····· ⊢	2b				
с С		vation easements on a certified historic struvation easements included in (c) acquired a			·····  -	2c				
u				ind not on a		2d				
3		vation easements modified, transferred, rel			···· <b>–</b>		ng the tax			
	year		, 3	, <b>,</b>	5		5			
4	Number of states	where property subject to conservation eas	sement is located							
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, in	spection, handling of						
	violations, and enf	forcement of the conservation easements it	holds?				🗌 Yes	🗌 No		
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing conser	vation	easemen	nts during the y	year		
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, ar	nd enforcing conservatio	n ease	ments du	uring the year			
•										
8		vation easement reported on line 2(d) abov					Yes	No		
9	and section 170(h	)(4)(B)(II)? be how the organization reports conservation								
5		d include, if applicable, the text of the footr		-			s the			
		counting for conservation easements.	lote to the organiza		to that	ucsenbe.	3 110			
Pa	rt III   Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or Othe	er Sir	nilar As	ssets.			
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8							
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in it	s revenue statement and	d balan	ce sheet	works			
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, educ	ation, or research in furtl	heranc	e of publi	ic			
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements tha	t describes these items.						
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its re	venue statement and ba	lance s	heet wor	ks of			
	art, historical treas	sures, or other similar assets held for public	exhibition, educati	on, or research in further	rance o	of public s	service,			
	-	ing amounts relating to these items:								
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1								
	.,									
2		received or held works of art, historical tre			lain, pr	ovide				
	the following amore	unts required to be reported under FASB A	SC 958 relating to t	hese items:						

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051	09-01-22

a Revenue included on Form 990, Part VIII, line 1

\$ \$

13280629 788028 14454.1AU01

28 2022.04000 MAYDM, INC.

Sche	dule D (Form 990) 2022 MAYDM ,							81-09	91008	в Ра	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	asures, or	r Other	Simila	<sup>-</sup> Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the f	ollowing that	make sig	gnificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	, 🗌 c	other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	y further th	ie organizatio	n's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	er similar :	assets		_		_
_	to be sold to raise funds rather than to be m				llection?				Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "	'Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
<b>1</b> a	Is the organization an agent, trustee, custod							_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
t	Ending balance								1		1
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	L	Yes		J No □
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete										<u>]</u>
1 41		(a) Current year		ior year	(c) Two year			ears back	(e) Four	vears	hack
4.	Designing of year balance	(a) Ourrent year		ioi yeai		3 Dack			(e) i oui	your 3	Jack
1a ⊾	Beginning of year balance										
U Q	Contributions										
С А	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses End of year balance										
g 2	Provide the estimated percentage of the cur	rent year end balance	l a (line 1 a	column (a)	) held as:						
2 a	Board designated or quasi-endowment		e (inte Tg, %	column (a)	j neiu as.						
a h	Permanent endowment	%									
с С	Term endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation that	are held ar	nd administer	ed for the	2				
	organization by:			are nord a			-		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Scl	nedule R?					3b		
4	Describe in Part XIII the intended uses of the									•	
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	• •	ccumulate preciation	d	( <b>d)</b> Bool	< value	3
1a	Land										
b	Buildings										
с	Leasehold improvements			3	1,385.		6	98.	30	),68	37.
	Equipment				6,402.		8,40	06.	2	7,99	96.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. columr	n (B), line 1	0c.)				58	3,68	33.
_	· · · /									_	_

Schedule D (Form 990) 2022

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Complete if the organization answered "Yes		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
Closely held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(a) Description of investment		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes	s" on Form 990 Part IV line	11d See Form 990 Part X line 15
	a) Description	(b) Book value
(1) RIGHT-OF-USE LEASE ASSET	-,	321,37
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ino 15)	
Part X Other Liabilities.	<i>(ie 15.)</i>	521757
Complete if the organization answered "Yes	s" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.
(a) Description of lightlity		(b) Book value
(1) Federal income taxes		
(2) LEASE LIABILITY		329,03
		525,05
( <u>3</u> ) (4)		
(4)		
(5)		
(6)		
(7)		
(8)		
(8) (9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) li		

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII
...

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 MAYDM, INC.			81-0	0991008	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	779	,668.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	30,558.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		<u>,558.</u>
3	Subtract line 2e from line 1			3	749	,110.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	749	,110.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	745	,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	30,558.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,558.
3	Subtract line 2e from line 1			3	715	,358.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	715	,358.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

2

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

. Inspection Employer identification number

20

Name of the organization

	MAYDM, INC.					81-0	991	800	
Pa	rt I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribut amounts reported Form 990, Part VIII, I	on	(d) Method of de noncash contribu			s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( <b>PROGRAM SUPPLIE</b> )	X	6	33,3	82.CO	ST			
26	Other ( )								
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organiz		, ,					_	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 2	9				
								Yes	No
30a	During the year, did the organization receive by				•	, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be	e used for				
	exempt purposes for the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II.			_		-			
31	Does the organization have a gift acceptance p	•	-	-		?	31		_X_
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell no	ncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a)	is checked	,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule M	i (Forn	n 990)	2022

232141 09-09-22

#### Schedule M (Form 990) 2022 MAYDM, INC. Part II Supplemental Information. Prov

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

#### SCHEDULE M, PART I, COLUMN (B):

#### THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN

(B).

Schedule M (Form 990) 2022

81-0991008

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



81-0991008

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHERE ALL STUDENTS CAN PURSUE THEIR DREAMS AS ENTREPRENEURS,

INC.

DEVELOPERS, ENGINEERS, OR PROFESSORS.

MAYDM,

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD MEMBERS WILL RECEIVE THE 990 BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY COVERS DIRECTORS, OFFICERS, AND EMPLOYEES OF MAYDM.

DETERMINATIONS ARE MADE AT THE MANAGEMENT LEVEL AS TO WHETHER A CONFLICT OF

INTEREST HAS ARISEN. A PERSON MUST DISCLOSE THEIR CONFLICT OF INTEREST AND

REPORT TO CHAIR OF A MEETING IF THEY PLAN NOT TO ATTEND BECAUSE THEIR

CONFLICT OF INTEREST AND SAID PERSON CANNOT ATTEND THE MEETING DUE TO THE

CONFLICT. SAID PERSON WILL ALSO NOT BE COUNTED WHEN THE COUNT FOR QUORUM IS

CONDUCTED, AND THEY MUST REFRAIN FROM ANY ACTIONS THAT MAY IMPACT MAYDM.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022