Form **990-EZ**

** PUBLIC DISCLOSURE COPY ** Short Form

Short Form Return of Organization Exempt From Income Tax

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number MARIA PEW FAMILY FOUNDATION Address change DBA MARIA'S VOICE 85-1121338 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 269 612-280-5995 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return CHASKA, MN 55318 Number Application pending Cash X Accrual Accounting Method: Other (specify) **H** Check if the organization is WWW.MARIASVOICE.ORG Website: not required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) - 501(c) () (insert no.) 4947(a)(1) or [(Form 990). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 156,272. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 133,190. 1 21,053. 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 434. Investment income SEE SCHEDULE O 4 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) SEE SCHEDULE O 1,5958 8 156,272 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 66,314. 12 12 27,463. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance SEE SCHEDULE O 315. 14 14 Printing, publications, postage, and shipping 2,580. 15 15 SEE SCHEDULE O 42,504. 16 Other expenses (describe in Schedule 0) 16 139,176. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) 17,096. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 108,003. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 125,099. Net assets or fund balances at end of year. Combine lines 18 through 20

 $\label{lem:condition} \textbf{For Paperwork Reduction Act Notice, see the separate instructions.}$

Form 990-EZ (2023)

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| Pa | art II | Balance Sheets (see the instructions for Part II) | | | | | | |
|------|-------------|--|-------------------------------|---|---------------------|---------------------|------------------------------------|---------------|
| | | Check if the organization used Schedule O to resp | ond to any quest | ion in this Part II | | | | X |
| | | | | (A) Beginning of year | | | nd of year | |
| 22 | Cash, | , savings, and investments | | 108,003. | 22 | | <u>116,65'</u> | <u> 7 .</u> |
| 23 | Land | and buildings | | | 23 | | | |
| 24 | Other | assets (describe in Schedule 0) SEE SCHEDULE O | | 0. | 24 | | 8,442 | |
| 25 | Total | assets | | 108,003. | 25 | | 125,099 |). |
| 26 | Total | liabilities (describe in Schedule 0) | | 0. | 26 | | | <u>).</u> |
| 27 | | ssets or fund balances (line 27 of column (B) must agree with line 21) | | 108,003. | 27 | | 125,099 |). |
| Pa | art III | Statement of Program Service Accomplishment | ts (see the instru | uctions for Part III) | | | penses | |
| | | Check if the organization used Schedule O to resp | ond to any quest | ion in this Part III | X [| Required | for section and 501(c)(4) | |
| Wha | at is the | organization's primary exempt purpose? SEE SCHEDULE O | | | | | and 50 f(c)(4) ons; optional fo | or |
| Desc | cribe the o | rganization's program service accomplishments for each of its three largest program se | ervices, as measured by exper | nses. In a clear and concise | 0 | tňers.) | , , | |
| man | ner, descri | ibe the services provided, the number of persons benefited, and other relevant informati | ion for each program title. | | | | | |
| 28 | SEE | SCHEDULE O | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (Grants | s \$) If this amount includes foreign g | rants, check here | | 28 | Ва | 108,29 | <u>5.</u> |
| 29 | | | | | | | | |
| | | | | | _ | | | |
| | | | | | | | | |
| | (Grants | s \$) If this amount includes foreign g | rants, check here | | 29 | 9a | | |
| 30 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (Grants | s \$) If this amount includes foreign g | rants, check here | | 30 |)a | | |
| 31 | Other | program services (describe in Schedule O) | | | | | | |
| | (Grants | | | | 31 | la | | |
| 32 | Total | program service expenses (add lines 28a through 31a) | | | 3 | 2 | 108,29 | 5. |
| Pa | art IV | List of Officers, Directors, Trustees, and Key En | nployees (list each | one even if not compensated - see | e the inst | ructions fo | r Part IV) | |
| | | Check if the organization used Schedule O to resp | ond to any quest | ion in this Part IV | | | <u>_</u> | \Box |
| | | | (b) Average hours | a a managaran dian (Fauna | | benefits, | (e) Estimate | ;d |
| | | (a) Name and title | per week devoted to | 11 2/ 1000 111100/ | contribu employe | e benefit | amount of ot | |
| | | | position | 1099-NEC) p (if not paid, enter -0-) | comper | deferred nsation | compensation |)n — |
| LY | 'N S' | TEPANIAK | | | | | | |
| DI | RECT | TOR | 5.00 | 0. | | 0. | (| <u>).</u> |
| KA | TIE | ZERULL | | | | | | |
| DI | REC | TOR | 5.00 | 0. | | 0. | (| 0. |
| LI | SSA | WEIMELT | | | | | | |
| | IAIR | | 40.00 | 0. | | 0. | (| 0. |
| | | SNYDER | | | | | | |
| VI | CE (| CHAIR | 5.00 | 0. | | 0. | (| 0. |
| DI | ANE | FISCHER | | | | | | |
| TR | EASU | JRER | 5.00 | 0. | | 0. | | <u>.</u> |
| BI | ANC | A MONIQUE DAWKINS | | | | | | |
| SE | CRE | TARY | 5.00 | 0. | | 0. | (| 0. |
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| Pa | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this | | | X |
|------|---|--------|---------|--------|
| | | | Yes | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each | | | |
| | activity in Schedule 0 | 33 | | Х |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended | | | |
| | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | Х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported | | | |
| | on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 | 35b | N/ | A |
| C | Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax | | | |
| | requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," | | | 37 |
| | complete applicable parts of Schedule N | 36 | | X |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. | 076 | | Х |
| | Did the organization file Form 1120-POL for this year? | 37b | | Λ |
| 30 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | Х |
| h | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A | 30a | | 21 |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | | | |
| | section 4911 ; section 4912 ; section 4955 0 • | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any | | | |
| | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on | | | |
| | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 • | | | |
| | by the organization U • U • All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| t | | 40e | | Х |
| 41 | transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed MN | 400 | | 21 |
| | The organization's books are in care of THE ORGANIZATION Telephone no. 612-28 | 0-5 | 995 | |
| | <u> </u> | 531 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | X |
| | If "Yes," enter the name of the foreign country | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year 43 | N/A | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of | | | |
| | Form 990-EZ | 44a | | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead | | | |
| | of Form 990-EZ | 44b | | Х |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | Х |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation | | | |
| | in Schedule 0 | 44d | | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | Х |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | |
| | | ⊦orm 9 | 90-EZ (| (2023) |

| Form | 990-EZ (2 | 2023) DBA MARIA'S | VOICE | | | | 85-1121 | <u> 338</u> | | Page 4 |
|-------------|----------------------|--|---------------------------------------|------------------------|------------------|------------------------------------|---|-------------|-------------------|--------|
| | | | | | | | ı | | Yes | No |
| | | rganization engage, directly or indirec | | | | | | | | |
| | If "Yes," c rt VI | omplete Schedule C, Part I Section 501(c)(3) Organiz | ations Only | | | | | 46 | | X |
| Pai | | | | | | | | | | |
| | | All section 501(c)(3) organization | · · · · · · · · · · · · · · · · · · · | | =" | | | | | |
| | | Check if the organization used S | criedule O to respond to al | ny question in triis | ran vi | | | | Yes | No |
| 47 | Did the o | rganization engage in lobbying activit | es or have a section 501(h) el | ection in effect durin | no the tay year? | > | ſ | | 100 | 110 |
| | | complete Sch. C, Part II | ` ' | | | | | 47 | | х |
| | | panization a school as described in se | | | | | | 48 | | Х |
| | | rganization make any transfers to an | | | | | | 49a | | Х |
| | | vas the related organization a section | | | | | | 49b | | |
| | | this table for the organization's five I | | | | | | ich rec | ceived r | nore |
| | than \$10 | 0,000 of compensation from the orga | nization. If there is none, enter | r "None." | | | | | | |
| | | (a) Name and title of each e | mployee | (b) Average | | (C) Reportable compensation (Forms | (d) Health benefits contributions to | · \- | e) Estim | |
| | | | | per week dev | voicu io | W-2/1099-MISC/ | employee benefit plans, and deferred | | ount of impens | |
| | | | NONE | positio | ,,, | 1099-NEC) | compensation | | пірспа | |
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| f | Total nun | nber of other employees paid over \$1 | 00,000 | | | | | | | |
| | | this table for the organization's five I | | dent contractors who | each received | more than \$100,0 | 000 of compensat | ion fro | om the | |
| | | ion. If there is none, enter "None." | NONE | | | | | | | |
| | (a) N | lame and business address of each ir | dependent contractor | | (b) Ty | pe of service | (c) | Compe | ensatio | 1 |
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| | | | | | | | | | | |
| d | Total nun | nber of other independent contractors | each receiving over \$100,000 |) | | | | | | |
| 52 | Did the o | rganization complete Schedule A? No | te: All section 501(c)(3) organ | nizations must attach | n a | | _ | | _ | _ |
| | | d Schedule A | | | | <u></u> | | ΧY | | No |
| | • | s of perjury, I declare that I have exan | | | | • | • | ge and | l belief, | it is |
| true, o | correct, a | nd complete. Declaration of preparer | other than officer) is based or | n all information of w | vhich preparer | has any knowledge | e. T | | | |
| eia. | _ | Signature of officer | OCLUSURI | E COP | Υ | | Date | | | |
| Sign Her | | LISSA WEIMELT, | CHAIR | | | | | | | |
| | | Type or print name and title | CHAIK | | | | | | | |
| | | Print/Type preparer's name | Preparer's signatur | re | Date | Check | if PTIN | | | |
| D-· | J | Jes eroparor o namo | , roparor o orginatur | · - | | self- emplo | _ | | | |
| Paid | | NEAL EVERT | NEAL EVER | т | 03/08/ | | P00 | 046 | 853 | |
| | parer | Firm's name CARPENTE | | SOCIATES, | LTD. | Firm's EIN | | | | |
| use | Only | | ANCE AVE S, S | | <u> •</u> | Phone no. | | | -00 | 85 |
| | | | GTON, MN 5543 | | | | , , | | | |
| May t | he IRS di | scuss this return with the preparer sh | | | | | | Χ γε | es | No |
| | | | | | | | - | orm § | 990-EZ | (2023) |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

MARIA PEW FAMILY FOUNDATION **Employer identification number** Name of the organization DBA MARIA'S VOICE 85-1121338 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------------|----------------------|-----------------------|----------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| _ | ction B. Total Support | • | | | | • | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for the | · · | | | | 01(c)(3) | |
| | organization, check this box and stop | p here | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), d | livided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2022 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2023. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | |
| b | 33 1/3% support test - 2022. If the | organization did no | ot check a box on | ine 13 or 16a, and | l line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | lifies as a publicly s | supported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | : - 2023. If the org | anization did not | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | on qualifies as a pu | blicly supported o | organization | | |
| b | 10% -facts-and-circumstances test | - 2022. If the org | anization did not | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circun | nstances test, che | ck this box and s | top here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | ne organization qua | alifies as a publicly | supported organiz | zation | |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | s |
| | | · | | | | Schodulo A | (Form 990) 2023 |

DBA MARIA'S VOICE Schedule A (Form 990) 2023 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.)

| Se | etion A. Public Support | siow, picase comp | proto i art ii.j | | | | |
|------|--|---------------------|-------------------------|-------------------|------------|----------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | 28,316. | 92,365. | 120,495. | 133,190. | 374,366. |
| 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 | | | | 26,050. | 21,053. | 47,103. |
| 3 | Gross receipts from activities that | | | | - , | , | , |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | 20 216 | 00 265 | 146 545 | 154 042 | 401 460 |
| | Total. Add lines 1 through 5 | | 28,316. | 92,365. | 140,545. | 154,243. | 421,469. |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| k | 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 | | | | | | 0. |
| (| Add lines 7a and 7b | | | | | | 0. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 421,469. |
| Se | ction B. Total Support | | | | , | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | | 28,316. | 92,365. | 146,545. | 154,243. | 421,469. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 62. | 434. | 496. |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | 62. | 434. | 496. |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | 39. | 1,595. | 1,634. |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | | 28,316. | 92,365. | | | 423,599. |
| | First 5 years. If the Form 990 is for th | e organization's fi | irst, second, third, fo | | | | on, |
| | check this box and stop here | | | | | | X |
| Se | ction C. Computation of Publi | c Support Per | rcentage | | | | |
| 15 | Public support percentage for 2023 (I | ne 8, column (f), c | divided by line 13, co | olumn (f)) | | 15 | % |
| | Public support percentage from 2022 | | • | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | e Percentage | | | T | |
| 17 | Investment income percentage for 20 | 23 (line 10c, colu | mn (f), divided by lin | e 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19 | 33 1/3% support tests - 2023. If the | | | | | | 7 is not |
| - | more than 33 1/3%, check this box ar | = | - | • | | | |
| k | 33 1/3% support tests - 2022. If the | • | | | • | • | |
| | line 18 is not more than 33 1/3%, che Private foundation. If the organization | | | | | | H |

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.)

| | Yes | No |
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332024 12-21-23 Schedule A (Form 990) 2023

| | rt IV Supporting Organizations (continued) | | <u> </u> | age o |
|-----|---|-----------|----------|--------------|
| | Continued) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | 110 |
| | 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 | | |
| | 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove 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, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | 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 | | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 360 | tion b. 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 | • | | |
| 2 | 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 | _ | | |
| Ū | 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 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| а | 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 in | struction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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. | 2a | | |
| 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | 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. | 3a | | |
| b | 3 | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

DBA MARIA'S VOICE Schedule A (Form 990) 2023

Part V Type III Non

| Pal | T V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi | zations | | | | |
|------|---|-----------------|--------------------------------|--------------------------------|--|--|--|
| 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 mus | st complete S | Sections A through E. | | | | |
| Sect | 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 | | | | | |
| Sect | 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): | | | | | | |
| а | Average monthly value of securities | 1a | | | | | |
| b | Average monthly cash balances | 1b | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| е | Discount claimed for blockage or other factors | | | | | | |
| | (explain in detail in Part VI): | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | | |
| | see instructions). | 4 | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| Sect | on C - Distributable Amount | | | Current Year | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrated | d Type III supporting orga | nization (see | | | |
| | instructions). | . • | | · | | | |

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | inizations _{(continued} | <u>d)</u> | |
|-----------|---|-------------------------------|----------------------------------|-----------|----------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exe | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | S | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 1 | 10 | |
| | | (i) | (ii) | | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2023 | | Distributable Amount for 2023 |
| _1_ | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | _ | |
| _3_ | Excess distributions carryover, if any, to 2023 | | | | |
| a | From 2018 | | | | |
| b | From 2019 | | | | |
| c | From 2020 | | | | |
| <u>d</u> | From 2021 | | | | |
| е | From 2022 | | | | |
| f_ | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | _ | |
| <u>h</u> | Applied to 2023 distributable amount | | | | |
| <u>i</u> | Carryover from 2018 not applied (see instructions) | | | | |
| <u>i_</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | _ | |
| <u>a</u> | Applied to underdistributions of prior years | | | _ | |
| <u>b</u> | Applied to 2023 distributable amount | | | | |
| <u> </u> | Remainder. Subtract lines 4a and 4b from line 4. | | | _ | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| 88 | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| _ | Excess from 2023 | | | | |

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

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

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

OMB No. 1545-0047

2023

Name of the organization

MARIA PEW FAMILY FOUNDATION

DBA MARIA'S VOICE

Employer identification number

85-1121338

| Filers of: | | Section: |
|------------|---|--|
| Form 990 | or 990-EZ | X 501(c)(3) (enter number) organization |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | | 527 political organization |
| Form 990 | I-PF | 501(c)(3) exempt private foundation |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | | 501(c)(3) taxable private foundation |
| | _ | covered by the General Rule or a Special Rule . |
| General I | |), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| X | For an organization property) from any o | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special F | Rules | |
| | sections 509(a)(1) ar contributor, during t | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; ine 1. Complete Parts I and II. |
| | contributor, during t literary, or education | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III. |
| | year, contributions of the checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$ |
| answer "I | No" on Part IV, line 2 | t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990). |

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

MARIA PEW FAMILY FOUNDATION

DBA MARIA'S VOICE

Employer identification number

85-1121338

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Hame, address, and Zn + 4 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | - Training additions, and Early 1 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| | Name, address, and ZIP + 4 | \$ 6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Training assets 500; till till 1 1 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | TOLLIO) MAMI COO, MIM ESS TY | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization
MARIA PEW FAMILY FOUNDATION
DBA MARIA'S VOICE

Employer identification number

85-1121338

| Part II No | ncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) | (d) Date received |
| Part I | Bescription of nonedan property given | (See instructions.) | Date received |
| - | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| — <u>—</u> | | <u> </u> | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
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| (a) | | (c) | |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| | | <u> </u> | |
| | | | |
| (a) | | (c) | |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | | |
| | | \$ | |
| (a) No. | /h) | (c) | (41) |
| from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |

Name of organization **Employer identification number** MARIA PEW FAMILY FOUNDATION DBA MARIA'S VOICE 85-1121338

| Part III | Exclusively religious, charitable, etc., contribution | ons to organizations described in | section 501 | (c)(7), (8), or (10) that total more than \$1,000 for the year | | | | | | | | | |
|---------------------------|--|---|--|--|--|--|--|--|--|--|--|--|--|
| | from any one contributor. Complete columns (a) | through (e) and the following line | entry. For ord | ganizations | | | | | | | | | |
| | completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s | haritable, etc., contributions of \$1,000 (| or less for the | e year. (Enter this info. once.) $^{\Phi}_{$ | | | | | | | | | |
| (a) No | Ose duplicate copies of Fart III if additional s | pace is needed. | 1 | | | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | | | | | |
| Part I | | | | | | | | | | | | | |
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| | (e) Transfer of gift | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | elationship of transferor to transferee | | | | | | | | | |
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| (a) No. | | | | | | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | | | | | |
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| | | (e) Transfer of | gift | | | | | | | | | | |
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| ļ | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | | |
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| (a) No. from | | • | | | | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | | | | | |
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| | (e) Transfer of gift | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | | |
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| (a) No. from | (h) Duman of wift | (a) Han at 220 | | (d) Decoription of beautiful in held | | | | | | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | | | | | |
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| ŀ | | (e) Transfer of | aift | | | | | | | | | | |
| | | (c) It all sief Of | er or grit | | | | | | | | | | |
| | Transfers to make and | - J 71D . 4 | _ | alationahin at turnaturun ta terras | | | | | | | | | |
| } | Transferee's name, address, ar | 10 ZIP + 4 | Relationship of transferor to transferee | | | | | | | | | | |
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2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1 990-EZ

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|--------------------------|------------------|--------|------|------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 1 | FURNITURE & EQUIPMENT | 01/01/23 | SL | 5.00 | | 16 | 1,575. | | | | 1,575. | | | 315. | 315. |
| | * TOTAL 990-EZ PG 1 DEPR | | | | | | 1,575. | | | | 1,575. | 0. | | 315. | 315. |
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328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

MARIA PEW FAMILY FOUNDATION DBA MARIA'S VOICE

Employer identification number 85-1121338

| DDA MAKIA 5 VOICE | 05 1121550 |
|--|----------------------------|
| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: | |
| DESCRIPTION OF PROPERTY: | AMOUNT: |
| INTEREST INCOME | 434. |
| | |
| FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: | |
| DESCRIPTION OF OTHER REVENUE: | AMOUNT: |
| MISCELLANEOUS REVENUE | 20. |
| PRIOR YEAR ADJUSTMENT - FIXED ASSETS | 1,575. |
| TOTAL TO FORM 990-EZ, LINE 8 | 1,595. |
| | |
| FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES | S, AND MAINTENANCE: |
| DESCRIPTION OF EXPENSES: | AMOUNT: |
| DEPRECIATION | 315. |
| | |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: | |
| DESCRIPTION OF OTHER EXPENSES: | AMOUNT: |
| ALL OTHER EXPENSE | 1,539. |
| CONFERENCES | 3,162. |
| EVENTS | 2,185. |
| INFORMATION TECHNOLOGY | 5,500. |
| INSURANCE | 1,073. |
| OTHER EMPLOYEE BENEFITS | 750. |
| PAYROLL TAXES | 2,509. |
| PROGRAM EXPENSE | 21,781. |
| TRAVEL | 4,005. |
| TOTAL TO FORM 990-EZ, LINE 16 | 42,504. |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990) 2023 |

332211 11-14-23

| Schedule O (Form 990) 2023 Name of the organization MARIA PEW FAMILY FOUNDATION | | Employer ide | Page ntification number |
|--|------------|--------------|----------------------------|
| DBA MARIA'S VOICE | | 85-112 | 1338 |
| FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: | | | |
| DESCRIPTION | BEG. OF | ZEAR EN | D OF YEAR |
| GRANTS RECEIVABLE | | 0. | 2,182. |
| ACCOUNTS RECEIVABLE | | 0. | 5,000. |
| OTHER DEPRECIABLE ASSETS | | 0. | 1,260. |
| TOTAL TO FORM 990-EZ, LINE 24 | | 0. | 8,442. |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - | ENGAGES TH | HE PUBLIC | IN |
| DOMESTIC VIOLENCE PRIMARY PREVENTION EDUCATION. | OUR SOLE I | FOCUS IS | TO |
| PREVENT DOMESTIC ABUSE BEFORE IT OCCURS THROUGH | COMMUNITY- | -WIDE | |
| AWARENESS, EDUCATION, AND SAFE ACTION. | | | |
| | | | |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE | ACCOMPLISE | HMENTS: | |
| ENGAGES THE PUBLIC IN DOMESTIC VIOLENCE PRIMARY | PREVENTION | 1 | |
| EDUCATION. OUR SOLE FOCUS IS TO PREVENT DOMESTIC | ABUSE | | |
| BEFORE IT OCCURS THROUGH COMMUNITY-WIDE AWARENES | S, | | |
| EDUCATION, AND SAFE ACTION. | | | |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSO | NAL BENEF | IT CONTRA | CTS: |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEI | VE ANY FUI | NDS, DIRE | CTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BEN | EFIT CONTE | RACT. | |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY | ANY PREMIU | JMS, DIRE | CTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT. | | | |
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