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	990

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

. Under section

Department of the Treasury Internal Revenue Service

ction 50 ((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.



AF	or th	e 2023 calendar year, or tax year beginning and	ending		
Ba	Check if	e: C Name of organization		D Employer identifie	cation number
	Addre	MAYDM, INC.			
	Name			81-09910	08
	Initial		Room/suite	E Telephone number	
	 returr	203 S PATERSON ST	400		9-6616
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	893,823.
	Amer returr	MADISON, WI 53703		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: CHAISIINA OUTLAI		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. See instructions
	Nebs			H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2015 N	State of legal domicile: WI
Pa	art I	Summary			
ð	1	Briefly describe the organization's mission or most significant activities:			
Activities & Governance		GIRLS AND YOUTH OF COLOR IN MIDDLE AND HI	GH SCH	IOOL GAIN ST	EM SKILLS,
er né		Check this box if the organization discontinued its operations or dispos	sed of more	I _ I	
Š	3				10
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		20	
Viti	6	Total number of volunteers (estimate if necessary)			10
Acti	7a	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	·····		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		695,190.	857,773.
ent	9	Program service revenue (Part VIII, line 2g)		52,366.	23,228.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,529.	12,335.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25.	487.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		749,110.	893,823.
	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		513,100.	564,925.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 58,24		000 050	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		202,258.	237,917.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		715,358.	802,842.
	19	Revenue less expenses. Subtract line 18 from line 12		33,752.	90,981.
t Assets or d Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		1,117,749.	1,168,933.
et A:	1	Total liabilities (Part X, line 26)		361,870.	322,073.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		755,879.	846,860.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date	
Here	CHRISTINA OUTLAY, EXECUTI	VE DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	JASON STEPHENS, CPA	JASON STEPHENS,	CPA 07/01	/24 self-employed P0126322	25
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) 274-40	20
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12	2-21-23	Form 990	(2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) MAYDM, INC.	81-0991008	Page
Par	t III Statement of Program Service Accomplishments		v
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission: MAYDM PROVIDES GIRLS AND YOUTH OF COLOR IN GRADES 6-12 V	ידיים היםים	
	SKILLS, EXPERIENCES, AND CONNECTIONS TO PURSUE CAREERS I		
		IN AND CHANGE	
	THE FACE OF STEM.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3			XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
4		• •	I
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, an	iu
4	revenue, if any, for each program service reported. (Code:) (Expenses \$ 556,418 · including grants of \$ 0 ·) (Reve	. 23	228.
4a			220.
	STEM PROGRAMMING - MAYDM STARTED IN 2015, AND WE FOCUS (
	COLOR AND GIRLS BECAUSE THESE ARE TRADITIONALLY UNDERREE		
	POPULATIONS IN STEM FIELDS. TO DATE, WE HAVE WORKED WITH		
	STUDENTS; OVER 90% IDENTIFY AS A STUDENT OF COLOR, AND C		
	GIRLS. OUR APPROACH COMBINES SEVERAL ELEMENTS: ONE-DAY W		_
	AFTER-SCHOOL PROGRAMS, MULTI-WEEK SUMMER IMMERSIVE PROGR	<u> </u>	
	INTERNSHIPS FOR YOUTH ACROSS DANE COUNTY, WISCONSIN. WE		
	OTHER LOCAL ORGANIZATIONS AND COMPANIES IN DANE COUNTY 7		R
	STUDENTS WITH CAREER-RELEVANT KNOWLEDGE THROUGH OUR EDUC		
	PROGRAMS, SITE VISITS WITH STEM PROFESSIONALS, AND REAL-	-LIFE	
	EXPERIENCES THROUGH OUR PAID INTERNSHIP PROGRAM.		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	
44	Other program services (Describe on Schodulo O)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 556, 418.)	
			90 (202
32002	SEE SCHEDULE O FOR CONTINUATION (S)	
<u> </u>	3		.
07	01 788028 14454.1AU01 2023.04000 MAYDM, INC.		1445

Form	990 (2023) MAYDM, INC. 81-0991	008	Р	age 3
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	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5		5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	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,			
<i></i>	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			v
40	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,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
b 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 "Yes," complete Schedule I, Parts I and II</i>	21		x
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Form	990	(2023)
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Form 990 (2023) 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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		270		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X 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 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		20		x
24	contributions? If "Yes," complete Schedule M	30 31		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			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u>-</u> -
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ŭ	(gambling) winnings to prize winners?	1c		
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	990 (2023) MAYDM, INC. 81-0991	800	Pa	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return 2a 20		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	If "Yes," enter the name of the foreign country			
5 -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		<u>~</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		х
		7a 7b		
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
С		7c		х
d		10		
u e		7e		Х
f		7e 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization meriod of a storage of the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	(0000)
332005	12-21-23	Form	330	(2023)

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⁶ 2023.04000 MAYDM, INC.

1a Er b Er b Er 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 7a Di b Ar pee B a Th	Governance, Management, and Disclosure. For each "Yes" response to lines 2 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI nA. Governing Body and Management ter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. ter the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, directors, trustee, or key employees to a management company or other person? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stores of the organization contemporaneously document the meetings held or written actions undertaken during the year teres of the governing body?	See instructions.		Ye	[
1a Er b Er b Er 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 7a Di b Ar pee B a Th	Check if Schedule O contains a response or note to any line in this Part VI n A. Governing Body and Management there the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. there the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee have a family relationship or a business relationship ficer, directors, trustees, or key employees to a management company or other person? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st prsons other than the governing body?	1a 1b p with any other e direct supervision 290 was filed? sets? point one or			
1a Er b Er b Er 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 7a Di b Ar pee B a Th	n A. Governing Body and Management there the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. there the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st prsons other than the governing body?	1a 1b p with any other e direct supervision 090 was filed? sets? ppoint one or			
1a Er b Er b Er 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 7a Di b Ar pee B a Th	Atter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Atter the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's assed d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	1b p with any other e direct supervision 990 was filed? sets? popoint one or	10 		s
If 1 bo 2 Di 3 Di 3 Di 4 Di 5 Di 5 Di 6 Di 7 Di 6 Di 7 Di 6 Di 8 Di 8 Di 8 Di 8 Di 8 Di	there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent do any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employees have a family relationship or a business relationship of the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? do the organization make any significant changes to its governing documents since the prior Form 9 do the organization become aware during the year of a significant diversion of the organization's assed the organization have members, stockholders, or other persons who had the power to elect or appore members of the governing body?	1b p with any other e direct supervision 990 was filed? sets? popoint one or	10 		
If 1 bo 2 Di 3 Di 3 Di 4 Di 5 Di 5 Di 6 Di 7 Di 6 Di 7 Di 6 Di 8 Di 8 Di 8 Di 8 Di 8 Di	there are material differences in voting rights among members of the governing body, or if the governing dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Inter the number of voting members included on line 1a, above, who are independent do any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employees have a family relationship or a business relationship of the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? do the organization make any significant changes to its governing documents since the prior Form 9 do the organization become aware during the year of a significant diversion of the organization's assed the organization have members, stockholders, or other persons who had the power to elect or appore members of the governing body?	1b p with any other e direct supervision 990 was filed? sets? popoint one or	10 	X	
bo b Er 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 7 Di 6 Di 7 Di 6 Di 8 Di 8 Di 8 Di 8 Di	dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0. ther the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap pore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	e direct supervision 990 was filed? sets?	2 	X	
b Er 2 Di 3 Di 3 Di 4 Di 5 Di 6 Di 7a Di b Ar pe Di 8 Di a Th	ther the number of voting members included on line 1a, above, who are independent d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	e direct supervision 990 was filed? sets?	2 	X	
 2 Di of 3 Di of 4 Di 5 Di 6 Di 7a Di mode mode b Ar pe 8 Di a Th 	d any officer, director, trustee, or key employee have a family relationship or a business relationship ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st prsons other than the governing body?	e direct supervision 990 was filed? sets?	2 	X	
off 3 Di 6 Di 5 Di 6 Di 7a Di 7a Di b Ar 9e 8 Diu a Th	ficer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	e direct supervision 990 was filed? sets? opoint one or		X	_
 3 Di of 4 Di 5 Di 6 Di 7a Di m m b Ar pe 8 Di a Th 	d the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's asside the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stors other than the governing body?	e direct supervision 990 was filed?		X	+
of 4 Di 5 Di 6 Di 7a Di m b Ar pe 8 Di a Tr	officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	990 was filed? sets? opoint one or		X	I
 4 Di 5 Di 6 Di 7a Di mo b Ar pe 8 Di a Tr 	d the organization make any significant changes to its governing documents since the prior Form 9 d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	990 was filed? sets? opoint one or		X	
5 Di 6 Di 7a Di m b Ar pe 8 Diu a Th	d the organization become aware during the year of a significant diversion of the organization's ass d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	sets?	<u>6</u>		+
 6 Di 7a Di m b Ar pe 8 Di a Th 	d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	opoint one or	<u>e</u>		·
7a Di m b Ar pe 8 Di a Th	d the organization have members, stockholders, or other persons who had the power to elect or ap ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?	opoint one or			\dashv
b Ar pe 8 Dia a Th	ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, st ersons other than the governing body?				\neg
 b Ar pe 8 Dia a Th 	e any governance decisions of the organization reserved to (or subject to approval by) members, st prsons other than the governing body?				
pe 8 Dia a Th	ersons other than the governing body?	tockholders, or		a 📃	
8 Di a Th					
a Th	d the organization contemporaneously document the meetings held or written actions undertaken during the yea		7	b	
		ar by the following:			
	e governing body?			a X	:
	ch committee with authority to act on behalf of the governing body?			5	
9 ls	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
or	ganization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
	n B. Policies (This Section B requests information about policies not required by the Internal Re				
		,		Ye	s
0a Di	d the organization have local chapters, branches, or affiliates?		10	а	
	"Yes," did the organization have written policies and procedures governing the activities of such ch				
		• • • •	10	b	
	as the organization provided a complete copy of this Form 990 to all members of its governing bod			a X	:
	escribe on Schedule O the process, if any, used by the organization to review this Form 990.	, , , , , , , , , , , , , , , , , , , ,			
	d the organization have a written conflict of interest policy? If "No," go to line 13		12	a X	
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				_
	d the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			-	
		,	12	c X	
	I Schedule O how this was done d the organization have a written whistleblower policy?				
	d the organization have a written document retention and destruction policy?				_
	d the process for determining compensation of the following persons include a review and approva		······ "	+ 23	
		a by independent			
	prons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_	
	e organization's CEO, Executive Director, or top management official				_
	ther officers or key employees of the organization		15	D	
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				
	xable entity during the year?			a	_
	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	empt status with respect to such arrangements?		16	b	
	n C. Disclosure				
7 Lis	st the states with which a copy of this Form 990 is required to be filed				
8 Se	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 5	01(c)(3)s on	y) ava	lat
fo	r public inspection. Indicate how you made these available. Check all that apply.				
L		n on Schedule O)			
9 De	escribe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest po	licy, and fina	ancial	
sta	atements available to the public during the tax year.				
	ate the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
	HRISTINA OUTLAY - (608) 819-6616				
2	03 S PATERSON ST, STE 400, MADISON, WI 53703				
32006 12	-21-23		Fo	rm 99	0(
	7				

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Form 990 (2023) 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		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending	5	,
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regulation 	gardless of amount of compens	sation.

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)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless officer and		ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus	iee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	9			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTINA OUTLAY	40.00				×	1 0	ш.			
EXECUTIVE DIRECTOR				x				138,447.	0.	0.
(2) JEFF MACK	2.00									
CHAIR		Х		Х				0.	0.	0.
(3) JENNIFER ILK	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(4) RYAN ZERWER	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) AMY CARRICK	2.00									
SECRETARY		Х		X				0.	0.	0.
(6) ANNA BURISH	1.00									-
DIRECTOR		Х						0.	0.	0.
(7) JEREMY WODAJO	1.00								•	•
DIRECTOR	1 00	X						0.	0.	0.
(8) MARK GEHRING	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(9) GWYNETH HUGHES	1.00	37						0.	0.	0
DIRECTOR (10) TAI SEDBERRY	1.00	Х						0.	0.	0.
(10) TAI SEDBERRY DIRECTOR	1.00	x						0.	0.	0.
(11) DESIREE HUNTER	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) THAN ASTIN	1.00									U •
DIRECTOR (THRU FEB)		x						0.	0.	0.
i										
										Form 990 (2023)
332007 12-21-23										Form 330 (2023)

332007 12-21-23

Form **990** (2023)

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	990 (2023) MAYDM, II									81-09	9100	8	Pa	ge 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/	ompe fron organ and r organi	n the izatic elate	on d
1b	Subtotal								138,447.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 138,447.		0.			0.
2	Total number of individuals (including but n compensation from the organization									000 of reportable				1
	compensation nom the organization											Y	es	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	-		•	•	-		Ŭ	• •			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		1		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		x
Sec	tion B. Independent Contractors		.0 1	01 00		2013							-	
1	Complete this table for your five highest co the organization. Report compensation for	-									ensatior	from	l	
	(A) (B)									Corr	(C) Compensation			
2	Total number of independent contractors (ii \$100,000 of compensation from the organized or the transmission from the organized or the transmission from transmission from transmission from transmission from the transmission from transmission from the transmission from transmis	•	ot lin	nitec	d to t	thos (ted	above) who received mo	ore than				

		2023) MAYDM, INC.				81-0991	008 Page 9
Pa	rt VI						
		Check if Schedule O contains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$	200,000. 657,773. 32,908.	055 552			
Program Service C Revenue a		Total. Add lines 1a-1f PROGRAM FEES	Business Code 611710	857,773.	23,228.		
Prograr Rev	d e f g 3			23,228.			
	4 5	other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	12,335.			12,335.
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss)					
evenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities 7a 7a 7b 7b Gain or (loss) 7c	(ii) Other				
Other Re	8 a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses					
	с 9 а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19					
	с 10 а b	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
scellaneous Revenue	11 a b c		Business Code	407			407
ž	d	All other revenue		487. 487. 893,823.	23,228.	0.	487. 12,822. Form 990 (2023)

	Check if Schedule O contains a respons			·····	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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,				
	trustees, and key employees	138,447.	110,758.	24,920.	2,769.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	367,432.	294,415.	33,373.	39,644.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1 6 0 0 5			
9	Other employee benefits	16,037.	7,391.	8,646.	
10	Payroll taxes	43,009.	6,557.	33,408.	3,044.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	01.000			
С	Accounting	21,200.		21,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		12 272	10 004	
	column (A), amount, list line 11g expenses on Sch 0.)	25,961.	13,372. 13,569.	12,024.	<u>565.</u> 4,911.
12	Advertising and promotion	18,480.		15 004	<u>4,911</u> 6,790.
13	Office expenses	26,827.	4,943.	15,094.	0,790.
14	Information technology				
15	Royalties	64,449.	34,388.	30,061.	
16		5,216.	5,180.	30,001.	36.
17		5,210.	5,100.		50.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	15,198.	12,620.	2,092.	486.
22	Insurance	5,126.		5,126.	
23 24	Other expenses. Itemize expenses not covered	0,1100		0,1201	
	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	53,225.	53,225.		
b					
c					
d					
	All other expenses	2,235.		2,235.	
25	Total functional expenses. Add lines 1 through 24e	802,842.	556,418.	188,179.	58,245.
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)				
					- 000 (2222)

09220701 788028 14454.1AU01

Form 990 (2023)

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Form 990 (2023)

MAYDM, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Form 990 (
Part X	Balance Sheet

MAYDM, INC.

					(A) Reginning of year		(B) End of year
					Beginning of year		End of year
	1	Cash - non-interest-bearing	438,042.	1	313,060		
	2	Savings and temporary cash investments	241,631.	2	322,862		
	3	Pledges and grants receivable, net			54,118.	3	148,614
		Accounts receivable, net				4	
5	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
6	6	Loans and other receivables from other disqualif	-				
		under section 4958(f)(1)), and persons described		6			
ខ្ម 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		······ -		8	
	9		·····	3,901.	9	3,900	
10	0a	Land, buildings, and equipment: cost or other		FC 100			
		basis. Complete Part VI of Schedule D	10a	76,132. 24,302.	50 600		E4 000
	b	Less: accumulated depreciation			58,683.	10c	51,830
11	1	Investments - publicly traded securities		····· -		11	
12	2	Investments - other securities. See Part IV, line 1		0.	12	51,104	
13	3	Investments - program-related. See Part IV, line 1				13	
14	4	Intangible assets		204 254	14		
15	5	Other assets. See Part IV, line 11	321,374.	15	277,563		
16	6	Total assets. Add lines 1 through 15 (must equa			1,117,749.	16	1,168,933
17	7	Accounts payable and accrued expenses			32,837.	17	29,473
18	8	Grants payable			18		
19	9	Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete F			21		
ທ 22	2	Loans and other payables to any current or form					
Ē		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		22			
- 23	3	Secured mortgages and notes payable to unrela	ted third p	parties		23	
24	4	Unsecured notes and loans payable to unrelated	third par	ies		24	
25	5	Other liabilities (including federal income tax, pay	ables to	elated third			
		parties, and other liabilities not included on lines	17-24). C	omplete Part X			
		of Schedule D		······ -	329,033.		292,600
26	6	Total liabilities. Add lines 17 through 25			361,870.	26	322,073
		Organizations that follow FASB ASC 958, che	ck here	X			
če l		and complete lines 27, 28, 32, and 33.			500 1 60		CCE 045
le 27	7	Net assets without donor restrictions		····· -	509,168.	27	665,315
28	8			······	246,711.	28	181,545
		Organizations that do not follow FASB ASC 98	58, check	here			
Net Assets or Fund Balances BS Balances BS Balances BS Balances BS Balances		and complete lines 29 through 33.					
ຍ 29	9	Capital stock or trust principal, or current funds		····· -		29	
5 3C	0	Paid-in or capital surplus, or land, building, or eq				30	
¥ 31	1	Retained earnings, endowment, accumulated inc				31	
5 32	2	Total net assets or fund balances			755,879.	32	846,860
33	3	Total liabilities and net assets/fund balances			1,117,749.	33	1,168,933

Form 990 (2023)

332011 12-21-23

12 2023.04000 MAYDM, INC.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 893, 8 2 Total expenses (must equal Part IX, column (A), line 25) 2 802, 8 3 Revenue less expenses. Subtract line 2 from line 1 3 90, 9 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 755, 8	<u>42.</u> 81. 79.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 893, 8 2 Total expenses (must equal Part IX, column (A), line 25) 2 802, 8 3 Revenue less expenses. Subtract line 2 from line 1 3 90, 9 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 755, 8	<u>42.</u> 81. 79.
2Total expenses (must equal Part IX, column (A), line 25)2802, 83Revenue less expenses. Subtract line 2 from line 1390, 94Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4755, 8	<u>42.</u> 81. 79.
2Total expenses (must equal Part IX, column (A), line 25)2802, 83Revenue less expenses. Subtract line 2 from line 1390, 94Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4755, 8	<u>42.</u> 81. 79. 0.
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	81. 79. 0.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 755, 8	0.
	0.
5 Net unrealized gains (losses) on investments5	
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	<u> </u>
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	C D
column (B)) 10 846,8	<u> </u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	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?	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name	Name of the organization Employer identification number									
MAYDM, INC.								8	1-0991008	
Par	t I	Reason for Public C	Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructior	IS.		
The o	rgan	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1 [A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).			
2 [A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and state:								
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 [Х	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general r	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 [A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor	
		university:								
10 [An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	janization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11 [An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12 [An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		_ organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec ⁻	tion with, a	and functiona	lly integrate	ed with,	
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	<pre>/ integrated. A supp</pre>	porting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	veness	
	_	_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.				
		er the number of supported o	•							
g		vide the following informatior (i) Name of supported		d organization(s).	(iv) is the orm	anization listed	(u) Amount o	fmonoton	(vi) Amount of other	
	(organization	(ii) EIN	(described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				

Schedule A	Earm 000	0000
Schedule A	FOILI 990) 202C

MAYDM, INC.

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.)

260	Section 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.")	479,954.	586,826.	613,230.	695,190.	857,773.	3232973.					
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	479,954.	586,826.	613,230.	695,190.	857,773.	3232973.					
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)						640,061.					
	Public support. Subtract line 5 from line 4.						2592912.					
	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
7	Amounts from line 4	479,954.	586,826.	613,230.	695,190.	857,773.	3232973.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources \dots		575.	103.	1,529.	12,335.	14,542.					
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						3247515.					
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	192,107.					
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)						
	organization, check this box and stop											
Sec	ction C. Computation of Publi	c Support Per	centage									
14	Public support percentage for 2023 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	79.84 %					
	Public support percentage from 2022					15	78.99 %					
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this boy						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X					
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation								
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c									
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation					
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization							
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or					
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	ck this box and st	op here. Explain i	n Part VI how the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation						
18	Private foundation. If the organization	n did not check a l	<u>oox on line 13, 16a</u>	a, 16b, 17a, or 17b	, check this box a	nd see instructions						
						Cabadula A	(Form 990) 2023					

Schedule A (Form 990) 2023

332022 12-21-23

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.)

Sec	tion A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness 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						
6	the organization without charge Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•		1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) org	janization,
_	check this box and stop here						
Sec	tion C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	9
	Public support percentage from 2022					16	9
	ction D. Computation of Inves		•				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	9
18	Investment income percentage from					18	9
19a	33 1/3% support tests - 2023. If the						d line 17 is not
-	more than 33 1/3%, check this box a	•	•	. ,			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
-	Private foundation. If the organization	n did not check a	box on line 14, 19	ia, or 19b, check t	inis box and see ins		
33202	3 12-21-23		1.4	-		Sch	nedule A (Form 990) 2023

2023.04000 MAYDM, INC.

MAYD	M. ING

1

Yes No

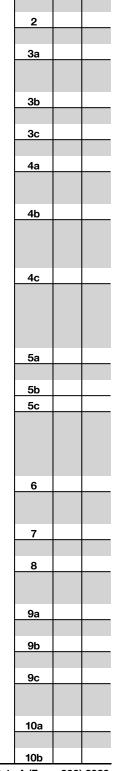
Part IV Supporting Organizations

(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.)

332024 12-21-23



Schedule A (Form 990) 2023

Schedule A			MAYDM,	
Part IV	Suppor	ting O	rganizations (cor	ntinued

1

2

1

Yes No

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

supervi	sea. or cor	itrollea trie supl	porting organizati	011.
Section C.	. Type II	Supporting	Organization	າຣ

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

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 t	o satisfy t	the Integral Part T	Test during the ve	ar (see instructions).
-	Check the box next to the method that the organization aboa t	o sullisty i	the integrar i art i	cot during the ye	, (,

- The organization satisfied the Activities Test. Complete line 2 below. а
- h 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).	

- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.

No Yes 2a 2b 3a 3b

332025 12-21-23

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18 2023.04000 MAYDM, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion 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	ion 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):			
a	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	ion 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 integrate	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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MAYDM, INC.

Schedule A (Form 990) 2023 اسلير المع

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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 th	e 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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) 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				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	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.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
				Sc	hedule A (Form 990) 2023

MAYDM, INC.

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Schedule A (Form 990) 2023

Section D - Distributions

3

1

2

3

Current Year

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Schedule A	(Form 990) 2023	MAYDM,	INC.	81-0991008 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, , lines 2 and 3; F	4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c, 2a, 2b, 3a, and	ine 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V, e this part for any additional information.
	(See instructions.)		· · · · · · · · ·	
				0-1-1/1-1/7
332028 12-21-2	23		21	Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

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

Employer identification number

81-0991008

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

MAYDM, INC.

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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 t

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).

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

	(Form 990) (2023)		Page 2
Name of org	anization	Emp	loyer identification number
MAYDM,	INC.	8	1-0991008
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$100,000.	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
2		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	\$ 100,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	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		\$100,000.	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		\$87,294.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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	3 (Form 990) (2023)		Page 2
Name of or	rganization		Employer identification number
MAYDM	, INC.		81-0991008
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 contribution	(d) ns Type of contribution
7		\$ <u>50,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8_		\$34,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
9		\$23,0	25. Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
<u> 10</u>		\$21,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$20,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

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Schedule E	3 (Form 990) (2023)			Page
Name of or	ganization		Employ	ver identification number
MAYDM,	INC.		81	-0991008
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	10 LENOVO LAPTOPS			
8		\$1,8	346.	04/18/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	12 COMPUTER MONITORS ; 4 GAMING COMPUTERS AND MONITORS			
9		\$23,0)25.	10/05/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
323453 12-26-	23			Schedule B (Form 990) (2023)

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Name of o	rganization		Employer iden	tification number
MUVAN	, INC.		81-099	1008
Part III		a) through (e) and the following line e charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than	
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how (jift is held
		(e) Transfer of g	 jift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to trans	feree
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	aift is held
Part I				
		(e) Transfer of g		
	Transferee's name, address, - 	and ZIP + 4	Relationship of transferor to trans	feree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	yift is held
		(e) Transfer of g		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to trans	feree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how g	yift is held
		(e) Transfer of g		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to trans	feree
323454 12-26	5-23		Schedu	le B (Form 990) (202

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		Supplement	al Einancial Statementa		IO	MB No. 15	545-0047		
	SCHEDULE D Supplemental Financial Statements					2022			
(Forr	orm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					ZU	23		
	Attach to Form 990.						Public		
	I Revenue Service		0 for instructions and the latest information.	F ma	lever ider	Inspecti			
nam	e of the organizati	MAYDM, INC.		Eut	oloyer ider 81-0	09910			
Pa	rt I Organiza		d Funds or Other Similar Funds or Ac	cour	ts. Com	plete if th	ne		
	organizatio	n answered "Yes" on Form 990, Part IV, lir	ne 6.						
			(a) Donor advised funds	(b) Fun	ds and oth	er accou	ints		
1	Total number at er	nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4		t end of year							
5			writing that the assets held in donor advised fund	ls					
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes	🗌 No		
6			dvisors in writing that grant funds can be used o						
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose conferr	ing					
	impermissible priv	ate benefit?	·····			Yes	No No		
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.					
1		servation easements held by the organizati							
	Preservation	n of land for public use (for example, recrea	ation or education)	orically	important	land area	1		
	Protection o	of natural habitat	Preservation of a certi	fied his	storic struc	ture			
	Preservation	n of open space							
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a co	nserva	tion easem	ent on th	ne last		
	day of the tax year						e Tax Year		
а	Total number of co	onservation easements		2a					
b				2b					
с	-	vation easements on a certified historic str		2c					
d		vation easements included on line 2c acqu							
				2d					
3			leased, extinguished, or terminated by the organi		durina the	tax			
	year				j				
4	-	where property subject to conservation ea	sement is located						
5		tion have a written policy regarding the pe							
-	-	forcement of the conservation easements i				Yes	No		
6	,		handling of violations, and enforcing conservatio		ments duri				
-		,							
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sement	ts durina th	ne vear			
		3, 1, 3,	3		5	,			
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i))					
	and section 170(h)					Yes	No		
9			on easements in its revenue and expense statem						
			note to the organization's financial statements that						
		ounting for conservation easements.	3						
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Other S	imila	r Assets				
	Complete it	f the organization answered "Yes" on Form	1 990, Part IV, line 8.						
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and bala	ance sł	neet works				
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furtherar	nce of p	oublic				
		· ·	ncial statements that describes these items.	'					
b			58, to report in its revenue statement and balance	sheet	works of				
	-		e exhibition, education, or research in furtherance			·,			
		ing amounts relating to these items.	· · · · · · · · · · · · · · · · · · ·			-			
	-				\$				
					↓ \$				
2			asures, or other similar assets for financial gain, r						
-		unts required to be reported under FASB A							
а	•				\$				
					·				

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

Assets included in Form 990, Part X b

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule D (Form 990) 2023

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Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 9 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its contained in the organization acquisition is a contained or the organization acquisition is a collection term (check all that apply). d Lean or exchange program 9 Deble exhibition d Loan or exchange program 0 Other 9 Drovide acciption of thour ogenization's collections and explain how they further the organization's exempt purpose in Part XIII. 0 Other 9 Drovide acciption of thour ogenization socilection and explain how they further the organization accelector? Yes No 9 Drovide acciption of thour ogenization socilection and explain how they further the organization accelector? Yes No 9 Dring the year, did the organization accelector? Yes No No 9 If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Is Is Amount Is I	Sche	dule D (Form 990) 2023 MAYDM ,						1	81-09	91008	3 Ра	age 2
collection lame (check all that apply). a Delta exhibition d Loan or exchange program b Scholarly research e Other	Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, or	r Other	Similar	Assets	(contin	ued)	
a Public exhibition d Can or exchange program b Schlarly research e Other	3	Using the organization's acquisition, access	ion, and other record	s, check	any of the t	following that	make sig	gnificant u	ise of its			
b Scholary research e Other		collection items (check all that apply).										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 Dering the year, did the organization answered 'Yes' on Form 900, Part X, line 21. 1 Is the organization and anount on Form 1900, Part X, line 21. 1 Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1 Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 2 Beginning balance	а	Public exhibition	d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Is a list engination include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds Complete if the organization nanowered "Yes" on Form 900, Part X, line 20. Is description of year balance Contributions Is a list investment earnings, gains, and losses Contributions Is a contained organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Endowment Funds Complete if the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Endowment Funds Complete if the organization and losses Contributions Contributins Contributions Contributins	b	Scholarly research	e		Other							
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? No. Part M Escrow and Oustodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agent, fustsee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1 <td< th=""><th>С</th><th>Preservation for future generations</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, oustodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Intermediary for custodial Arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Fund's Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance [a) Current year [b) Prior year [c) Two years back (e) Four years back [c) Four years back b Contributions [a] Current year [b) Prior year [c] Two years back [c] Four years back a Beginning of year balance [a] Current year [b] Prior year <th>4</th> <th></th> <th>-</th> <th></th> <th>•</th> <th>-</th> <th></th> <th></th> <th>se in Part</th> <th>XIII.</th> <th></th> <th></th>	4		-		•	-			se in Part	XIII.		
Part W Escrow and Custodial Arrangements complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intervent in Part XIII and complete the following table: Image: Complete intervent	5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas					-		-
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year ted						llection?				_		No
1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic	Par			te if the	organizatior	n answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or		
on Form 990, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (e) Ourrent year (b) Prior year (c) Two years back (e) Four years back if a Beginning of year balance (e) Ourrent year (b) Prior year (d) Three years back if (e) Four years back if a doministrative expenses e Other expenditures for facilities and programs diddiministrative expenses diddiministrative expenses g End of year balance % Second designated or quasi-endowment % b Perment endowment % Second designated or quasi-endowment % <t< th=""><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>		· · · · · · · · · · · · · · · · · · ·										
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	•		-						-		1
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 1 Ending balance If 2 Did the organization include an amount on Form '990, Part X, line 21, for escrew or custodial account liability? Ves No 2 Did the organization include an amount on Form '990, Part X, line 21, for escrew or custodial account liability? Ves No 2 Did the organization include an amount on Form '990, Part X, line 21, for escrew or custodial account liability? Ves No 2 Protein the arrangement in Part XIII. Check here if the explanation nawered 'Yes' on Form '990, Part X, line 10. Image: State S									∟	Yes		No
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'ves' explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII Part V Endowment Funds Complete if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the explanation has been provided in Part XIII Part XI Image: State	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Complete if the organization nas been provided in Part XIII Yes No b ft "Yes" explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part X, line 10. Yes Yes No a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back a Grants or scholarships 1 1 1 1 1 1 c Additions during the year 1 1 1 1 1 1 g End of year balance 1 1 1 1 1 1 1 g End of year balance 1										Amoun	[
e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (a) Current year end balance (ine 1g, column (a)) held as: (a) Cord wears balance (ine 1g, column (a)) held as: (a) Cord wearend wears (a) Cord wearend wears (a)												
f Ending balance												
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b. If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds: Complete if the organization answered "Yes" on Form 90, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b. Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c. Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back f. Administrative expenses (a) Importance (b) Prior year (c) Two years back (e) Four years back g. End of year balance (b) Prior year (c) Two years back (c) Two years back (c) Two years back (e) Four years back g. End of year balance (c) Two years back (c) T												1
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Contract set of schedule and programs (a) Contract year (c) Two years back (d) Three years back 1b Contract set of facilities (a) Cost or other (b) Prior year (c) Two years back (d) Thee years back 1c Are there endowment % % (f) Three		-						•] NO]
(a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance												<u> </u>
1a Beginning of year balance									ears hack	(e) Four	vears	hack
b Contributions	10	Paginning of year balance	(u) ourient you	(6)1	nor your		10 Buok	(a) miles y	ouro buok	(0) 1 001	youro	Juon
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs initial init	ы											
d Grants or scholarships	0											
e Other expenditures for facilities and programs	ں ط											
and programs												
f Administrative expenses	e											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) depreciation (d) Book value basis (investment) basis (other) basis (other) 21, 385. c 2, 790. 28, 595. d Equipment 44, 747. 21, 512. 23, 235.												
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		-	rent year end balance	a (line 1c	n column (a')) held as:						
b Permanent endowment					y, column (a	<i>))</i> 11010 83.						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	h	• · ·										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (ii) Tryes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land 1a Land	° c											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Part VI and, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (i) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land 1a Land b Buildings (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 31, 385. 44, 747. 23, 235.	Ū		_^ _									
organization by: Yes No (i) Unrelated organizations? 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3b 3c(i) 3b 3c(i) 3c	3a			tion that	t are held ar	nd administer	ed for the	e				
(i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements 31, 385. 2, 790. 28, 595. 44, 747. 21, 512. 23, 235.		· · · · · ·	5							ſ	Yes	No
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a Land 1a Land 1a Land 2a (31, 385. 2, 790. 28, 595. d Equipment 44, 747. 21, 512. 23, 235. 23, 235.		c								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	4											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par	t VI Land, Buildings, and Equipm	nent									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	ed "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990	, Part X, I	line 10.				
b Buildings 31,385. 2,790. 28,595. c Leasehold improvements 44,747. 21,512. 23,235. e Other		Description of property			. ,		• •		d	(d) Bool	< value	;
b Buildings 31,385. 2,790. 28,595. c Leasehold improvements 44,747. 21,512. 23,235. e Other	1a	Land										
c Leasehold improvements 31,385. 2,790. 28,595. d Equipment 44,747. 21,512. 23,235. e Other 44,747. 44,747. 44,747.												
d Equipment 44,747. 21,512. 23,235. e Other <td>с</td> <td></td>	с											
e Other					4	4,747.		21,51	L2.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))												
				X. line 1	0c, column	<u>(B))</u>				51	L,83	30.

Schedule D (Form 990) 2023

09220701 788028 14454.1AU01

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(4) Einemaiel deminatione	UD BOOK VAIUE	(c) metricu or valuation. Cost of eff	a orycar market value
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal . (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			· ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		•	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1) RIGHT-OF-USE LEASE ASSET			277,563
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i>)		277,563
Part X Other Liabilities			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			292,600
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col.	<i>(B</i>))		292,600

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 MAYDM, INC.				991008	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	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	922	,163.
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	28,340.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,340.
3	Subtract line 2e from line 1			3	893	,823.
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	893	,823.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per l	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	831	,182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	28,340.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,340.
3	Subtract line 2e from line 1			3	802	,842.
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	802	,842.
Pa	rt XIII Supplemental Information					

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

332054 09-28-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

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

ſ ZU **Open to Public**

Name of the organization

MAYDM,	INC.

	MAYDM, INC.					81-	09910	800	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n) Method of noncash contri		•	3
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 (<u>LAPTOPS/MONITOR</u>)	Х	39	32,908.	cos	; T			
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 Acknowledge	ement 29			r		
								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 used	for				
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	•	•	•	tions?		. 31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is cheo	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 MAYDM, INC. Part II

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN

(B).

Schedule M (Form 990) 2023

81-0991008

332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

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.



MAYDM, INC.

81-0991008

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

EXPERIENCES, AND CONNECTIONS. WE DO THIS BY PARTNERING WITH SCHOOLS AND

CORPORATE AND COMMUNITY PARTNERS TO PROVIDE EDUCATION AND EMPLOYMENT IN

ORDER TO BRIDGE THE WEALTH GAP AND INCREASE GENDER AND RACIAL

REPRESENTATION IN STEM CAREERS.

LINE 4A, **PROGRAM SERVICE ACCOMPLISHMENTS:** FORM 990, PART III, OUR PROGRAM PATHWAY PREPARES STUDENTS TO EVENTUALLY JOIN OUR PAID INTERNSHIP PROGRAM, ALLOWING THEM TO GROW THEIR STEM KNOWLEDGE AND SKILLS WHILE EARNING AN INCOME DURING THE SUMMER MONTHS. OVER 30% OF THOSE STUDENTS QUALIFY FOR FREE OR REDUCED LUNCH DURING THE ACADEMIC INDICATING LOW-TO-MODERATE INCOME STATUS. WE INTENTIONALLY YEAR. DESIGNED OUR WORKFORCE DEVELOPMENT INITIATIVE TO HAVE ATTRACTIVE WAGES THAT REFLECT THE STEM JOBS THAT OUR STUDENTS ARE SEEKING. STUDENTS IN OUR INTERNSHIP PROGRAM ARE ALSO ABLE TO OPEN A NONCUSTODIAL SAVINGS ACCOUNT WITH A LOCAL BANK BRANCH IN DANE COUNTY. QUALIFYING STUDENTS CAN EARN EMPLOYABILITY SKILLS CERTIFICATION, MADISON COLLEGE CREDIT MMSD WORKPLACE LEARNING CREDIT, AND A FINANCIAL LITERACY BADGE. ALONGSIDE THESE BENEFITS, WE PROVIDE SOFT-SKILL DEVELOPMENT INCLUDING RESUME-BUILDING, INTERVIEW SKILLS, WORKPLACE COMMUNICATION, AND TEAM-BUILDING.

FORM 990, PART VI, SECTION A, LINE 4: BYLAWS WERE AMENDED TO CHANGE THE MAXIMUM NUMBER OF BOARD MEMBERS TO 18, BOARD MEMBER TERMS CHANGED TO 2, 3-YEAR TERMS, LIMITING THE EXECUTIVE COMMITTEE'S RESPONSIBILITIES WITH RESPECT TO THE EXECUTIVE DIRECTOR,

332211 11-14-23

LHA

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

34 2023.04000 MAYDM, INC. Schedule O (Form 990) 2023

	Page 2				
Name of the organization	Employer identification number				
MAYDM, INC.	81-0991008				
INCLUSION OF BLANKET PROVISION CONFIRMING THAT NO FORMED (COMMITTEE WILL				
REMOVE THE BOARD'S POWER TO ACT ON CERTAIN MATTERS, THAT H	BOARD MEMBERS MAY				
SERVE AS ALTERNATES ON COMMITTEES IF THERE ARE VACANCIES AND THAT EACH					
COMMITTEE SHALL MAKE ITS OWN SPECIFIC RULES AND REPORT BACK TO THE BOARD ON					
ACTIVITIES, AND BLANKET PROVISION CLARIFYING AND APPROVING	ANY PRIOR AND/OR				

THE BYLAWS THAT WERE FORMALLY APPROVED AT THE TIME.

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 REVIEW AND APPROVE 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.
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Schedule O (Form 990) 2023
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