WEGNER CPAS LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

> THE MAVEN PROJECT PO BOX 156781 SAN FRANCISCO, CA 94115

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A F</u>	or the	e 2021 calendar year, or tax year beginning and	enaing		
B c	heck if pplicabl	C Name of organization		D Employer identifi	cation number
X	Addre chang Name				-
	_]chang	Doing business as	**-***06	76	
]Initial]return]Fiṇal	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 156781	E Telephone numbe 617-641-		
	⊐return. termin ated				2,485,872.
	Amen			G Gross receipts \$	
	_return □Applic			H(a) Is this a group re	
	⊥tion pendii	F Name and address of principal officer: OENNIFER GARVER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		te: > WWW.MAVENPROJECT.ORG		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 2014 N	State of legal domicile: CA
Pa	rt I	Summary			
Activities & Governance		Briefly describe the organization's mission or most significant activities: <u>EXPE</u> WHEN AND WHERE THEY NEED IT.	RT HEA	LTHCARE FOR	EVERYONE,
nar	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ver				3	9
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			7
∞		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ţį		Total number of volunteers (estimate if necessary)			153
ξ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	D	Net unrelated business taxable income non-rollin 990-1, Fait 1, line 11		Prior Year	Current Year
		Contributions and greats (Dort VIII line 1h)		1,546,241.	1,985,759.
ne		Contributions and grants (Part VIII, line 1h)		374,300.	489,966.
/en		Program service revenue (Part VIII, line 2g)		38.	7,553.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,920,579.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,483,278.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,761,433.	1,473,784.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
ď		Total fundraising expenses (Part IX, column (D), line 25) 366,9		455 505	404 000
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		175,707.	491,972.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,937,140.	1,965,756.
_		Revenue less expenses. Subtract line 18 from line 12		-16,561.	517,522.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		2,341,342.	2,914,501.
TAS PE	21	Total liabilities (Part X, line 26)		173,737.	240,556.
		Net assets or fund balances. Subtract line 21 from line 20		2,167,605.	2,673,945.
	ırt II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	has any knowledge.	
Sig	1	Signature of officer		Date	
Her	е	JENNIFER GARVER, CFO/TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		YIGIT UCTUM, CPA YIGIT UCTUM, CPA	A 0	7/12/22 self-employ	
Prep	arer	Firm's name WEGNER CPAS LLP		Firm's EIN ▶	**-***4031
Use	Only	Firm's address 230 PARK AVE FL 3			
		NEW YORK, NY 10169-0005		Phone no. (2	
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO ADDRESS THE SOCIAL, RACIAL, AND ECONOMIC INEQUITIES IN HEALTHCA	ARE
	BY CONNECTING FRONTLINE SAFETY NET CLINIC PROVIDERS WITH EXPERT	
	PHYSICIAN VOLUNTEERS FOR MEDICAL ADVICE, MENTORSHIP, AND EDUCATION	Л,
	GIVING PATIENTS RAPID ACCESS TO HIGH-QUALITY, SPECIALTY CARE LOCAL	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
	If "Yes." describe these new services on Schedule O.	
3		Yes X No
Ū	If "Yes," describe these changes on Schedule O.	1100 [==]110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	neae
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	
	revenue, if any, for each program service reported.	es, and
		89,966.)
4a	(Code:) (Expenses \$1, 292, 983. including grants of \$0 (Revenue \$4) MAVEN PROJECT EXPERIENCED TREMENDOUS GROWTH IN 2021, DOUBLING THE	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	NUMBER OF CLINIC PARTNER SITES OVER 2020. AS A RESULT, WE SET NEW	
	UTILIZATION RECORDS ACROSS EVERY SERVICE LINE. OUR EXPERT PHYSICIA	
	VOLUNTEERS PROVIDED 4,887 MEDICAL CONSULTS TO FRONTLINE PROVIDERS	AT
	PARTNER CLINICS AROUND THE U.S., A 43% INCREASE OVER 2020.	
	ADDITIONALLY, VOLUNTEERS PROVIDED 534 HOURS OF MENTORING (COMPARE)	
	413 IN 2020) AND HOSTED MORE THAN 4,459 ATTENDEES FOR MEDICAL EDUC	
	WEBINARS ON A VARIETY OF HOT TOPICS (COMPARED TO 4,249 IN 2020).	
	ENDED THE CALENDAR YEAR WITH 219 CLINIC SITE PARTNERS UTILIZING OU	JR
	SERVICES.	
	FURTHER, RESPONDING TO THE NEEDS OF OUR CLINIC PARTNERS, MAVEN PRO)JECT
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	Other program services (Describe on Schedule O.)	
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
 4е	Total program service expenses 1,292,983.	
ru		orm 990 (2021)

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Form 990 (2021) THE MAVEN PROJECT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		₩
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		₩
	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,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		1
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form **990** (2021)

Part IV Checklist of Required Schedules (continued
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			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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"		
UZ.	Schedule N, Part II	32		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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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		<u>X</u>
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?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Greek it Schedule O contains a response of flote to any lifte in this Part v		V	N-
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 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			
ŭ	(gambling) winnings to prize winners?	1c		
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	r			,

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	990 (2021) THE MAVEN PROJECT ""-""" *******************************	0 / 0	Р	age 2
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
_			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			
р	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	0-		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	1		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E.o.		5a		Х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C 62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va		6a		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.2		
_	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	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 The the ground of possible and the second of the second	-		
C	Enter the amount of reserves on hand Did the avgenization receive any payments for indeed tapping continue the tay year?	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves." has it filed a Form 720 to report these payments? If "Nes." previde an exploration on School 10.00	14a 14b		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
15		15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	1			-

Form **990** (2021)

If "Yes," complete Form 6069.

THE MAVEN PROJECT **-***0676 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright CA, FL, MA, NY, AL, SC, PA, VA, TN, NC, NJ, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

BOX 156781, SAN FRANCISCO, CA 94115

SEE SCHEDULE O FOR FULL LIST OF STATES

State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2021)

PO

JENNIFER GARVER - 617-641-9743

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, 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 n	1	orga	niza			nper	sate			
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck) than (one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any	_	<u> </u>			T	T	from the	from related organizations	other compensation
	hours for	direct				٦		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		oyee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	cer	Key employee	hest c	ner			organizations
	line)	lnd	lust	Officer	Key	E High	Former			
(1) JILL EINSTEIN	40.00									
SENIOR DIRECTOR OF PHYSICIAN ENGAGEM	1.0.00					Х		133,180.	0.	15,528.
(2) DAVID SEGAL	40.00	ļ		l				100 500	•	C = 4.1
CEO (FROM JUNE)	00.00	Х		Х				138,709.	0.	6,541.
(3) HOWARD KAHN	20.00	.,		,,				105 000	0	•
CEO (JAN-JUNE); DIRECTOR (FROM JUNE)	30 00	Х		Х				125,000.	0.	0.
(4) JENNIFER GARVER	30.00	-		х				115 042	0.	621
CFO/TREASURER (5) RAMONA DOYLE	40.00			^				115,943.	0.	621.
CEO (THRU MID JANUARY)	40.00	Х		х				27,079.	0.	118.
(6) LAURIE GREEN	8.00	Λ		^				21,019.	0.	110.
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(7) JAY GELLERT	1.00	25						•	•	•
SECRETARY	1,00	х		х				0.	0.	0.
(8) GRANT CHAMBERLAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) BARTH GREEN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CHASE BEHRINGER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) VICKI ESCARRA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) LI HAN	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
						_				
		-								
						-				
		}								
		1								
					-	\vdash				
		1								
132007 12-09-21							<u> </u>			Form 990 (2021)

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Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	j Hi	ghes	st C	compensated Employee	s (continued)				
	(A)	(B)			(C Pos	C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	- 1		stimate nount	
		week					or/trus		from	from related	- 1	ai	other	O1
		(list any hours for	rector						the	organization			pensa	
		related	Individual trustee or director	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
		organizations	truste	nal tru		oyee	omper		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,			d relate	
		below line)	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		iii ie)	ııı	lu s	#0	Ke	: : : : : : : : : : : : : : : : : : :	요						
	Cubtotal								539,911.		0.	2	2,80	n 8
C	Subtotal Total from continuation sheets to Part VII	Section A							0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)							•	539,911.		0.	2	2,80	
2	Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization												V	4
2	Did the examination list any farmer officer	director truct	aa l			0.10		, hi a	boot componented comp	lavaa an	1		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	•		•	•	•	•	·	gnest compensated emp	•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ					
C	rendered to the organization? If "Yes," com	olete Schedule	J fo	or su	ıch ı	oers	on .					5		X
	tion B. Independent Contractors	nnanaetad ind	lono				o o t o		ant reasived mare than	`100,000 of com		tion fr		
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•								perisat	LIOI1 IR	ווזכ	
	(A)	Jaioridai ye	-a, c	1411	·9 **		VVI		(B)			((C)	
	Name and business								Description of s	ervices	С		nsatio	n
TIT	STWORKS EMPLOYMENT CROIL	P T.T.C	Ρ.	Ο.	B	Ox		T						

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JUSTWORKS EMPLOYMENT GROUP LLC, P.O. BOX		
7119 CHURCH STREET STATION, NEW YORK, NY	EMPLOYEE LEASING	1,473,784.
HOWARD A. KAHN	INTERIM CHIEF	
989 ALPINE VILLA DR, ALTADENA, CA 91001	EXECUTIVE OFFICER	125,000.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

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Form 990 (2021)
Part VIII

/111	Statement	of Revenue
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			Check if Schedule O contains a response	or note to any lir	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts st	1	а	Federated campaigns 1a					
rar		b	Membership dues 1b					
G,		С	Fundraising events1c					
ifts			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts				276,282.				
			All other contributions, gifts, grants, and					
uti e ri		•		709,477.				
ĕξ					-			
ont Od		-	Noncash contributions included in lines 1a-1f 1g \$	45,280.	1 005 550			
<u>2</u> <u>p</u>		h	Total. Add lines 1a-1f	<u></u>	1,985,759.			
				Business Code				
ø	2	а	CLINICAL FEES	541610	489,966.	489,966.		
, ki		b						
Ser		С						
m Y		d						
gra Re		u						
Program Service Revenue		e						
ъ.			All other program service revenue		100 066			
		g	Total. Add lines 2a-2f		489,966.			
	3		Investment income (including dividends, intere					
			other similar amounts)	>	42.			42.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	U				-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a 10,105.					
		b	Less: cost or other basis					
ē			and sales expenses					
Revenue		С	Gain or (loss) 7c 7,511.					
ev.		Ы	Net gain or (loss)		7,511.			7,511.
her F	0		Gross income from fundraising events (not		,,,,,,			., ===
Othe	0	а						
O								
			contributions reported on line 1c). See					
			Part IV, line 18 8a		-			
			Less: direct expenses8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	а	2.7					
			and allowances 10a		-			
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
_ω				Business Code				
Ö 6	11	а						
ane Dug		b						
Miscellaneous Revenue		С						
Sc			All other revenue					
Σ			Total. Add lines 11a-11d		1			
	12		Total revenue. See instructions		2,483,278.	489,966.	0.	7,553.
	12		IVIAI ICYCIIUC. OCC IIISII UUIIUIIIS		P/=00/2/0•	<u> </u>	-	,,,,,,,,,

Form 990 (2021) THE MAVEN PROJECT Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must com	nplete column (A).	
	Check if Schedule O contains a respons			(0)	<u>X</u>
	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	414,011.	234,138.	126,816.	53,057.
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	873,216.	720,380.	32,702.	120,134.
8	Pension plan accruals and contributions (include	-	-		-
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	74,050.	55,817.	8,068.	10,165.
10	Payroll taxes	112,507.	83,502.	13,851.	10,165. 15,154.
11	Fees for services (nonemployees):	-,,-	,	- /	- , ·
	Management				
	Legal				
	Accounting	12,950.		12,950.	
	Lobbying	22,7301		22/3301	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	244,937.	84,333.	68,834.	91 770
40	Advertising and promotion	66,965.	2,792.	3,374.	91,770. 60,799.
12		28,418.	14,948.	4,253.	9,217.
13	Office expenses	82,732.	63,546.	13,866.	5,320.
14	Information technology	02,732.	03,340.	13,000.	3,320•
15	Royalties	2,250.	450.	1,800.	
16	Occupancy	2,250.	400.	1,000.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	30,496.	27 450	2,614.	121
19	Conferences, conventions, and meetings	30,430.	27,458.	4,014.	424.
20	Interest				
21	Payments to affiliates	6 007	E 110	0 4 7	000
22	Depreciation, depletion, and amortization	6,887.	5,112. 507.	847. 15,830.	928.
23	Insurance	16,337.	50/.	15,830.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,965,756.	1,292,983.	305,805.	366,968.
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)				
	II TOHOWING SOF 30-2 (MSC 300-720)				5 000 (2224)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,836,510.	1	615,561
2	Savings and temporary cash investments		64,031.	2	2,068,357	
3	Pledges and grants receivable, net			320,900.	3	99,975
4	Accounts receivable, net			73,713.	4	46,793
5	Loans and other receivables from any current o					
	trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
	controlled entity or family member of any of the	se perso	ns		5	
6	Loans and other receivables from other disqual	ified pers	sons (as defined			
	under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net				7	
Assets	Inventories for sale or use				8	
ž 9	B			22,456.	9	21,844
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		75,171.			
l t	b Less: accumulated depreciation	10b	13,200.	14,632.		61,971
11	Investments - publicly traded securities			9,100.	11	0
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ			2,341,342.	16	2,914,501
17	Accounts payable and accrued expenses	144,424.	17	159,021		
18	Grants payable		00 010	18	04 505	
19	Deferred revenue			29,313.	19	81,535
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
တ္မွ 22	Loans and other payables to any current or form					
┋	trustee, key employee, creator or founder, subs					
Liabilities	controlled entity or family member of any of the				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on line	-				
	of Schedule D			173,737.	25	240,556
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			1/3,/3/•	26	240,330
g	and complete lines 27, 28, 32, and 33.	eck nere				
ဗ္ဗ မ္ဗ 27	• • • • • • •			1,764,864.	27	2,434,178
e 27 28	Net assets without donor restrictions Net assets with donor restrictions			402,741.	28	239,767
<u> </u>	Organizations that do not follow FASB ASC 9			102,711.	20	233,101
틸	and complete lines 29 through 33.	Joo, Cite	CK Here			
ි ₂₉	Capital stock or trust principal, or current funds				29	
8 30 30 S	Paid-in or capital surplus, or land, building, or e				30	
S 30	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances 27 28 29 31 32 32	Total net assets or fund balances			2,167,605.	32	2,673,945
ž 32	Total liabilities and net assets/fund balances			2,341,342.	33	2,914,501
33	Total habilities and thet assets/fully balances				JJ	Form 990 (202

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,48		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,96	5,7	<u>56.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		7,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,16	7,6	<u>05.</u>
5	Net unrealized gains (losses) on investments	5	-1	1,1	<u>82.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,67	3,9	45.
Pa	rt XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			_
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization **-***0676 THE MAVEN PROJECT Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1136826.	1570499.	1845418.	1546241.	1985759.	8084743.
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	1126006	4550400	1045410	1516011	1005550	0004540
	Total. Add lines 1 through 3	1136826.	1570499.	1845418.	1546241.	1985759.	8084743.
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,						2206027
	column (f)						3296827.
	Public support. Subtract line 5 from line 4.						4787916.
		(-) 0017	(h) 0010	(-) 0010	(4) 0000	(a) 0001	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017 1136826.	(b) 2018 1570499.	(c) 2019 1845418.	(d) 2020 1546241.	(e) 2021 1985759.	(f) Total 8084743.
	Amounts from line 4	1130020.	13/04/04	1043410.	1340241.	1703737.	0001743.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	30.	56.	2,063.	38.	42.	2,229.
9	Net income from unrelated business	30.	50.	2,003.	30.	44	2,225
9	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						8086972.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,274,716.
	First 5 years. If the Form 990 is for th	•	,				, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and stor	_		•			
Sec	tion C. Computation of Publi						,
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	59.21 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	64.37 %
	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. 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	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t 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 did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		· ·	•	. , . , .	
0	check this box and stop here						
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

132024 01-04-21 Schedule A (Form 990) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
S-0-1	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations		I I	
			Yes	No
	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. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	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.	3b		

sche	edule A (Form 990) 2021 THE MAVEN PROJECT			**-***0676 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Organ	izations	.
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
ect	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		
ect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		

Schedule	A (Fo	rm 990	2021

Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Recoveries of prior-year distributions

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Enter 0.85 of line 1.

1

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions).

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

8

1

2 3

4 5

<u>Sche</u>	chedule A (Form 990) 2021 THE MAVEN PROJECT			*-***U6/6 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	3		
4	4 Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pri	5		
6				
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
C	ion E. Dietribution Allocations (con instructions)	(i)	(ii) Underdistributions	(iii) Distributable

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

THE MAVEN PROJECT

-*0676

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; 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.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE MA	AVEN PROJECT		**-***0676
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$00,000	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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$150,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000	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		\$\$00,000	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		\$\$	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

-*0676

THE MA	AVEN PROJECT		**-***0676
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$ 276,28	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
9		\$50,00	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

THE MAVEN PROJECT

-*0676

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (

Page 4

Name of organization **Employer identification number** **-***0676 THE MAVEN PROJECT Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE MAVEN PROJECT

Employer identification number **-***0676

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>i</i>	Accounts. Complete if the
	organization answered 165 or 10111 000, 1 are tv, inte	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose conf	erring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hi	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	oution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				_
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
	Number of conservation easements included in (c) acquired at			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			anization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	and enforcing conserva	tion easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	nforcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	nts of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization	s financial statements	that describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	venue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, educatio	n, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of art, historical trea	sures, or other similar	assets for financial gai	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to thes	e items:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			▶ \$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

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Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following that	make sig	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	C	i 🗌 i	Loan or exc	hange progra	am				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be main							Г	Yes	☐ No
Par	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part			3			,	,	,	
1a	Is the organization an agent, trustee, custodial	n or other intermed	liary for o	contribution	s or other ass	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar								_	
									Amount	
С	Beginning balance						1c			-
d	Additions during the year						1d			
۰ و	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. C								_	
Par	- · · · · · · · · · · · · · · · · · · ·									
	2.1 2.1 2.1 2.1 2.1 3.1 3.1 3.1 Gomplete ii	(a) Current year		rior year	(c) Two yea		d) Three ye	ears hack	(e) Four y	ears hack
10	Beginning of year balance	(a) carrent year	(-):	,	(0) 1110 302	, and the same of	-,	ouro puon	(0):00:1	-
b	Contributions									-
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
Ť	Administrative expenses									
g	End of year balance		<u> </u>		L					
2	Provide the estimated percentage of the curre	nt year end balanc		j, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c shoul									
За	Are there endowment funds not in the possess	sion of the organiza	ation that	t are held ar	nd administer	ed for the	organizat	tion	[.	
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati								3b	
4	Describe in Part XIII the intended uses of the c		wment f	unds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o			or other		cumulated	d	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings	I								
С	Leasehold improvements									
d	Equipment	I			7,783.		10,58			,199.
<u>e</u>	Other			4	7,388.		2,61	6.		,772.
Total	. Add lines 1a through 1e. (Column (d) must ea	ual Form 990 Part	X. colum	nn (B). line 1	0c.)				61	,971.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE MAVEN P	ROJECT	*:	*-***0676 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
	. ,	. ,	
(1)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	an Farma 000 Dart IV line of	III Cas Farms 000 Part V line 15	
Complete if the organization answered "Yes"		Tra. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 25.)		<u> </u>

Schedule D (Form 990) 2021

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) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number **-***0676 THE MAVEN PROJECT

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			
		арріісаріе		Form 990, Part VIII, line 1g	Tioricasii contribt	ation amo	Julits)
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	X	1	5,159.	FAIR VALUE	DONA	red) P
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 ► (SOFTWARE)	X	1	40,121.	COST			
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			0	
						Y	'es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed 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 pe	olicy that re	equires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	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) foi	r a type of property	for which column (a) is ched	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE MAVEN PROJECT

Employer identification number **-***0676

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization

THE MAVEN PROJECT

Employer identification number

-*0676

FORM 990, PART VI, SECTION A, LINE 2:

LAURIE GREEN AND BARTH GREEN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

IN 2021, THE MAVEN PROJECT UPDATED ITS ORGANIZATIONAL BYLAWS. THESE UPDATES

INCLUDE ADDED LANGUAGE TO CLARIFY THE BOARD'S RESPONSIBILITY TO APPOINT AND

SUPERVISE A CHIEF EXECUTIVE OFFICER (CEO); UPDATING THE MINIMUM NUMBER OF

DIRECTORS FROM THREE TO FIVE, AND CLARIFYING THE TITLES AND

RESPONSIBILITIES OF BOARD OFFICERS. THE POSITIONS OF PRESIDENT AND VICE

PRESENT WERE REMOVED, AND THE ROLES OF BOARD CHAIR AND CEO WERE MORE

CLEARLY DEFINED.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA, REVIEWED BY THE CHIEF

FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER, AND REVIEWED AND APPROVED BY

THE MEMBERS OF THE GOVERNING BODY BEFORE BEING FILED WITH THE IRS.

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

AND MEMBERS OF COMMITTEES WITH GOVERNING BODY DELEGATED POWERS CONSIDERING

THE PROPOSED TRANSACTION OR ARRANGEMENT. IF A MORE ADVANTAGEOUS

TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES

NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BODY OR COMMITTEE SHALL

DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE

TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS

12233.81

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u>

Name of the organization **Employer identification number** **-***0676 THE MAVEN PROJECT OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. FORM 990, PART VI, SECTION B, LINE 15: SALARIES OF COMPARABLE POSITIONS WITH COMPARABLE SKILLS IN RESPECTIVE AREAS ARE REVIEWED. THE ADVISORY COMPENSATION SUBCOMMITTEE OF THE BOARD, WHICH INCLUDES THE CEO, DETERMINES COMPENSATION FOR ANY OTHER STAFF, OFFICERS, AND KEY EMPLOYEES OTHER THAN THE CEO. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, FL, MA, NY, AL, SC, PA, VA, TN, NC, NJ, KS, IL, GA, CT 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. FORM 990, PART IX, LINE 11G, OTHER FEES: ADMINISTRATIVE SUPPORT: PROGRAM SERVICE EXPENSES 3,080. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,080. **EXECUTIVE RECRUITMENT:** 81,250. PROGRAM SERVICE EXPENSES 31,250. MANAGEMENT AND GENERAL EXPENSES 12,500. FUNDRAISING EXPENSES Schedule O (Form 990) 2021 Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page
Name of the organization THE MAVEN PROJECT	Employer identification number
TOTAL EXPENSES	125,000.
DEVELOPMENT/FUNDRAISING SUPPORT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	46,526.
TOTAL EXPENSES	46,526.
MAR/COMM SUPPORT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	22,138.
TOTAL EXPENSES	22,138.
HUMAN RESOURCES:	
PROGRAM SERVICE EXPENSES	3.
MANAGEMENT AND GENERAL EXPENSES	20,084.
FUNDRAISING EXPENSES	2,533.
TOTAL EXPENSES	22,620.
STRATEGIC ADVISOR:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	17,500.
FUNDRAISING EXPENSES	8,073.
TOTAL EXPENSES	25,573.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	244,937.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	V n o O	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	EQUIPMENT		SL	.000	1	L6	27,783.				27,783.	6,313.		4,271.	10,584.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						27,783.				27,783.	6,313.		4,271.	10,584.
	OTHER														
2	WEBSITE			.000	ну1	L6	31,388.				31,388.			2,616.	2,616.
3	CLIENT PROVIDER PORTAL	VARIOUS		.000	ну1	16	16,000.				16,000.			0.	
	* 990 PAGE 10 TOTAL OTHER						47,388.				47,388.	0.		2,616.	2,616.
	* GRAND TOTAL 990 PAGE 10 DEPR						75,171.				75,171.	6,313.		6,887.	13,200.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						16,000.			0.	16,000.	0.			0.
	ACQUISITIONS						59,171.			0.	59,171.	6,313.			13,200.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						75,171.			0.	75,171.	6,313.			13,200.
	ENDING ACCUM DEPR											13,200.			
	ENDING BOOK VALUE											61,971.			

^{128111 04-01-21}

⁽D) - Asset disposed

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