

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-102 Revised 04/18

REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: Marie Maxey Foundation
Address: 5525 Talon Court
Fairfax, VA 22032
Federal Employer Identification Number: EIN 83-1473076

REGISTRATION FEE AMOUNT

Your annual registration, which includes the annual fee payment, is due every year, four months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

Initial: First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

Late: If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. **You will never pay an initial and late registration fee at the same time.**

Annual: See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ _____ (910-02184)
Late Registration Fee (\$100): \$ _____ (910-02184)
Annual Registration Fee: \$ 30 (910-02619)
(See pg. 7 of Form 102)

Total Fees: \$ 30

To assist us in tracking your payment,
please enter your **Check Number:** 1051

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCR-102 Revised 04/18

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102

Please choose the type of registration:

| | |
|-------------------------------------|----------------------|
| <input type="checkbox"/> | Initial Registration |
| OR | |
| <input checked="" type="checkbox"/> | Annual Renewal |

Unless otherwise noted, all information provided on this form and attachments must be for the **CURRENT** fiscal year. Financial reports (except budgets) will be for the **most recently completed** fiscal year. Any change in information filed must be submitted to the Office of Charitable and Regulatory Programs (OCR-102) within seven (7) days of the change.

All questions **MUST** be answered. If a question does not apply, then indicate "NO" or "N/A". Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an incomplete registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's primary name:

Marie Maxey Foundation

2. List any other names under which you may solicit contributions in Virginia:

N/A

3. Required primary address: 5525 Talon Court

Fairfax

City

VA

State

22032

Zip Code

"Primary address" means the bona fide physical street address of the organization or sole proprietor. **P.O. Boxes will not be accepted.** Pursuant to §57-49.2 of the Code of Virginia, if the organization does not maintain an office, use the address of the person having custody of its financial records.

4. Does the organization maintain any other offices in Virginia?

Yes

No

If "Yes," then attach a list of the addresses and telephone numbers for those offices.

"Other offices" will include locations where the organization may administer a program or house administrative functions. "Other offices" will not include the names and addresses of chapters, branches or affiliates soliciting in Virginia, as provided in response to question 7 of this form.

5. Mailing address if different from primary address above: SAME

City

State

Zip Code

6. Other contact information: (703) 888-9143

Telephone, including area code

Fax, including area code

http://www.maxeys.org

michael@maxeys.org

Internet URL

Organization's official e-mail address*

*The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here: michael@maxeys.org

7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia? Yes No

If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
 Yes No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

8. Please check one:

| | Type of organization |
|-------------------------------------|----------------------|
| <input checked="" type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | Other (specify): |

9. Date of incorporation or formation: 08/31/2018

10. In what city was the organization legally established? Fairfax VA
City State

11. What is the main purpose of the charitable organization?
To provide scholarships to Latino youth and to support better education outcomes.

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

N/A

Name and Company Name

Address

City

State

Zip Code

13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: 01/01/2019 To: 12/31/2019

b) Has the organization recently changed its fiscal year? Yes No

If "Yes," then provide the dates of the "short" fiscal year:

From: _____ To: _____

14. Is the organization exempt under the Internal Revenue Code? Yes No

15. Key personnel:

- a) Full name and title of the individuals having signatory power over the organization's funds:

Andrew Michael Maxey, Chairman - President

Ana Julia Maxey - Treasurer

- b) Full name and title of the individuals who approve the organization's budget:

Board of Directors - see attached list. Andrew M. Maxey, Ana J. Maxey, Justin Maxey, Andrew J. Maxey,

William L. Maxey, Dominique Maxey-Vega, Matt Vega, Rebecca Maxey

- c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

Yes

No

If "Yes," then attach a statement providing a description of the pertinent facts.

- d) For the **CURRENT** fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles. We will **not** accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include titles. Addresses are not required if the named individuals are to be contacted at the organization's primary address.

16. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year:**

16(A): Percentage of fundraising expenses:

- | | |
|---|-----------------|
| 1) Total amount of contributions received directly from the public: (found on the IRS Form 990, Part VIII, line 1h (less government grants)) | \$ <u>2,703</u> |
| 2) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors: (found on the IRS Form 990, Part IX, Line 25, Column D) | \$ <u>0</u> |
| 3) Percent of fundraising expenses: (found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) | <u>0</u> % |
| 4) For Federated fund-raising organizations ONLY : State the percentage withheld from a donation designated for a member agency: | <u>0</u> % |

16(B): Percentage of charitable services expenses:

- | | |
|---|-----------------|
| 1) Total amount of expenses dedicated to providing charitable services: (found on the IRS Form 990, Part IX – Line 25, Column B) | \$ <u>1,487</u> |
| 2) Total amount of expenses of the organization: (found on the IRS Form 990, Part IX – Line 25, Column A) | \$ <u>1,812</u> |
| 3) Percent of program services expenses: (found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) | <u>82</u> % |

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
Form 102, Page 4

Revised 04/18

16(C): Percentage of administrative expenses:

- 1) Total amount of expenses dedicated to administrative costs:
(found on the IRS Form 990, Part IX – Line 25, Column C) \$ 325
- 2) Total amount of expenses of the organization:
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 1,812
- 3) Percent of administrative expenses:
(found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 18 %

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

Yes No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

Yes No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

Yes No If "Yes" to question 19, please indicate the arrangement with your agency by checking below:

| X | Category | Type of Arrangement |
|---|----------|---|
| | A | A bona fide, salaried officer or employee of the charitable organization or its parent organization |
| | B | An outside consultant or professional fundraising counsel |
| | C | A paid professional solicitor |

If in Question 19 either B or C are checked, then please provide the following information:

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

N/A

b) Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:

Scholarships will be provided to Latino youth for higher education costs. Support will be provided to Latino youth to address issues that impeded higher education outcomes.

21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

Yes No If "Yes," then name all such agencies. Submit an attachment if necessary.

22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes No **If "Yes,"** then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes No **If "Yes,"** then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check all that apply**):

| X | Type of Solicitation |
|-------------------------------------|----------------------|
| | Telephone |
| | Direct mail |
| <input checked="" type="checkbox"/> | Internet |
| | Special events |
| | Door-to-door |
| <input checked="" type="checkbox"/> | Personal contact |
| | Other (Specify): |

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

i) Are all questions on the form answered?

Yes No **If "No,"** then the registration will be considered incomplete.

ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

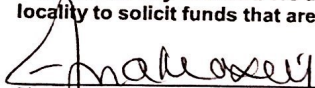
Yes No **If "No,"** then the registration will be considered incomplete.

26. OATH OR AFFIRMATION.

*Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. **Copies are not allowed.**

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.



Signature of the chief fiscal officer, chief financial officer, or treasurer

Ana Julia Maxey

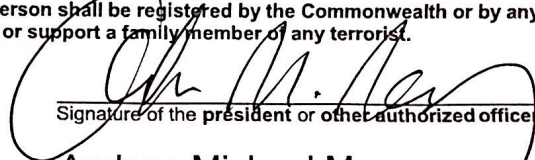
Print name

Treasurer

Title

09/22/2020

Date



Signature of the president or other authorized officer

Andrew Michael Maxey

Print name

President - Chairman

Title

09/22/2020

Date

*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel **are effective, if complete, upon receipt** by the Commissioner." For more information on determining whether your registration is complete, see: <http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf>.

Rules Governing the Solicitation of Contributions: <http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreq.pdf>.

SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

- \$30 If your **gross contributions** for the preceding year do not exceed \$25,000
- \$50 If your **gross contributions** exceed \$25,000, but do not exceed \$50,000
- \$100 If your **gross contributions** exceed \$50,000, but do not exceed \$100,000
- \$200 If your **gross contributions** exceed \$100,000, but do not exceed \$500,000
- \$250 If your **gross contributions** exceed \$500,000, but do not exceed one million dollars
- \$325 If your **gross contributions** exceed one million dollars

- "Gross contributions" means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 in addition to the applicable annual registration fee.

****Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

***COMPUTATION OF FEE CRITERIA**

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A \$ 2,703

Subtract

- Funds received from federated fundraising organization (FFO)**
(IRS Form 990, Part VIII, Line 1a): B \$ 0
- Government Grants (IRS Form 990, Part VIII, Line 1e) C \$ 0

Total Deductions (add Lines B and C) D \$ 0

GROSS CONTRIBUTIONS (subtract Line D from Line A) E \$ 2,703

****The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:**

Name of FFO: N/A

FORM 102 – CHECKLIST OF REQUIRED ATTACHMENTS

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | ALL Registrants MUST file the following Items: |
| <input checked="" type="checkbox"/> | Remittance form and check, made payable to "Treasurer of Virginia." |
| <input checked="" type="checkbox"/> | Listing of names, titles , and addresses of the current officers, directors, trustees, and any principal salaried executive staff. Titles are required ; addresses are not required if the named individuals are to be contacted at the organization's primary address. We will not accept the listing included in the most recently completed IRS Form 990 since that listing is not for the current year. |
| <input checked="" type="checkbox"/> | <p>Financial report. <u>All organizations with prior financial history</u> shall file a copy of one of the following:</p> <p>(1) The most recently completed IRS Form 990, 990-PF, or 990-EZ, with all schedules, as required by the IRS, except Schedule B, and with all attachments, as filed with the IRS. The form must be signed or, if the form is filed electronically with the IRS, the organization must submit a signed copy of the IRS e-file signature authorization; or</p> <p>(2) Certified audited financial statements for the most recently completed fiscal year; or</p> <p>(3) If the annual income of the organization qualifies the organization to file Form 990-N with the IRS, a certified treasurer's report for the past fiscal year. Form 990-N is NOT an acceptable financial statement. A "certified treasurer's report" is an income and expense statement and a balance sheet for the most recently completed fiscal year and include the certification signed by the treasurer, "I hereby certify that, to the best of my knowledge, the financial statement above is accurate and correct. //signed."</p> <p>Important Note: If your most recently completed financial report is not ready by the registration due date, you may request an extension of time to file your registration statement for either 3 or 6 months. The extension request may be mailed, faxed to our office at 804-225-2666, or emailed to OCARPUNIT.vdacs@vdacs.virginia.gov, and must include: 1) the organization's name, 2) Federal Identification Number (FEIN), and 3) the extension request length of time, which is either for 3 months or 6 months.</p> <p>If you do not provide the correct financial report by the required/extended due date, and have not requested an extension of time to file, you will be assessed a late fee of \$100.</p> <p>Newly formed organizations: shall file a copy of the board-approved budget of anticipated revenues and expenses for the CURRENT year. Please notate on the budget the date of board approval.</p> |
| <input type="checkbox"/> | A list of the addresses and telephone numbers for any branch offices in Virginia, if you answered "yes" to question 4 . |
| <input type="checkbox"/> | A list of any chapters, branches or affiliates' names, addresses and telephone numbers, if you are a parent organization as identified by your response to question 7 . |
| <input type="checkbox"/> | Copy of signed contract(s) between your organization and each professional fundraising counsel and / or professional solicitor, if you answered "yes" to question 19 . |
| <input type="checkbox"/> | Copy of any amendments to your articles of incorporation, not previously filed. If unincorporated, file any amendments to the governing documents, not previously filed. |
| <input type="checkbox"/> | Copy of amendments to your by-laws, not previously filed. |
| <input type="checkbox"/> | IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt, not previously filed . If tax-exemption is pending, the completed IRS application form, as filed with the IRS. |
| <input checked="" type="checkbox"/> | First-time / Initial filers MUST also file <u>copies</u> of the following Items: |
| <input type="checkbox"/> | Certificate of incorporation, if the organization is incorporated. If the organizing jurisdiction does not issue a certificate, the articles must bear a state stamp or seal. |
| <input type="checkbox"/> | Articles of incorporation, if the organization is incorporated, and any subsequent amendments to those documents. If unincorporated, file any other governing documents. |
| <input type="checkbox"/> | Bylaws and any amendments. |
| <input type="checkbox"/> | IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt. If tax-exemption is pending, the completed IRS application form, as filed with the IRS. |



**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 08354250
Filing Number: 200722886344
Filing Date/Time: 07/22/2020 04:14 PM
Effective Date/Time: 07/22/2020 04:14 PM



1. CORPORATION NAME:

Marie Maxey Foundation

DUE DATE: 08/31/20

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

ANDREW MICHAEL MAXEY
5525 TALON CT
FAIRFAX, VA 22032-0000

SCC ID NO.: 0835425-0

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

059-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

| | |
|---|---|
| <input checked="" type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 5525 TALON COURT CITY/ST/ZIP FAIRFAX, VA 22032 | ADDRESS: CITY/ST/ZIP |

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|---|---|
| Mark appropriate box unless area below is blank <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: WILLIAM LARRY MAXEY TITLE: ADDRESS: 836 M STREET NO. 207 CITY/ST/ZIP: ANCHORAGE, AK 99501-0000 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

ANDREW MICHAEL MAXEY
PRINTED NAME AND CORPORATE TITLE

6/22/2020
DATE

2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Marie Maxey Foundation

DUE DATE: 08/31/20
SCC ID NO.: 0835425-0

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|--|--|
| <p>Mark appropriate box unless area below is blank. <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DOMINIQUE MAXEY VEGA TITLE: ADDRESS: 405 S. ELMWOOD AVENUE CITY/ST/ZIP: OAK PARK, IL 60302-0000</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> |
| <p>Mark appropriate box unless area below is blank. <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ANDREW MICHAEL MAXEY TITLE: CHAIRMAN ADDRESS: 5525 TALON COURT CITY/ST/ZIP: FAIRFAX, VA 22032-0000</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> |
| <p>Mark appropriate box unless area below is blank. <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: MATTHEW VEGA TITLE: ADDRESS: 405 S. ELMWOOD AVENUE CITY/ST/ZIP: OAK PARK, IL 60302-0000</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> |
| <p>Mark appropriate box unless area below is blank. <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: ANA JULIA MAXEY TITLE: SECRETARY/TREASURER ADDRESS: 5525 TALON COURT CITY/ST/ZIP: FAIRFAX, VA 22032-0000</p> | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> |



INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 18 2018

MARIE MAXEY FOUNDATION
5525 TALON COURT
FAIRFAX, VA 22032-0000

Employer Identification Number:
83-1473076
DLN:
26053656002228
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 31, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

MARIE MAXEY FOUNDATION

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

- Terminated for Business
- Gross receipts are normally \$50,000 or less

C Name of Organization: MARIE MAXEY FOUNDATION

5525 Talon Court, Fairfax,
VA, US, 22032

D Employee Identification

Number 83-1473076

E Website:

http://www.maxeys.org

F Name of Principal Officer: Andrew Michael Maxey

5525 Talon Court, Fairfax,
VA, US, 22032

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

2019
IRS
Filing

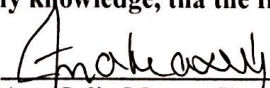
09/20/2020

Marie Maxey Foundation
For the Fiscal Year January 1, 2019 – December 31, 2019

INCOME & EXPENSE STATEMENT

| | |
|---|----------------|
| Cash on hand at the beginning of the year: | 0 |
| Income: | |
| Contributions | \$2,703 |
| Government Grants | 0 |
| Program Fees | 0 |
| Interest (savings, investments) | 0 |
| Special Events | 0 |
| Other Income | 0 |
| Total Income ----- | \$2,703 |
| Expenses: | |
| Fulfilling Charity's Mission – Scholarships | \$1,487 |
| Compensation of Officers/Staff | 0 |
| Fundraising Expenses | 0 |
| Rent | 0 |
| Utilities | 0 |
| Supplies/Postage | \$ 145 |
| Insurance | 0 |
| Legal/Accounting Fees | 0 |
| Other Expenses (Website – http://www.maxeys.org) | \$ 180 |
| Total Expenses ----- | \$1,812 |
| Total Income minus Total Expenses ----- | \$ 891 |
| Balance at the end of the year ----- | \$ 891 |

I hereby certify that, to the best of my knowledge, tha the financial statement above is accurate and correct.



Ana Julia Maxey, Treasurer

Treasurer's Report

Marie Maxey Foundation

For the Fiscal Year January 1, 2019 – December 31, 2019

BALANCE SHEET

ASSETS

| | |
|----------------------------------|----------------|
| Cash – Donor Contributions | \$2,703 |
| Savings | 0 |
| Accounts Receivable | 0 |
| Inventories | 0 |
| Investments | 0 |
| Land, Buildings, Equipment Owned | 0 |
| Other | 0 |
| Total Assets ----- | \$2,703 |

LIABILITIES & NET ASSETS

Liabilities

| | |
|--------------------------------|----------------|
| Accounts Payable | \$ 325 |
| Grants Awarded | \$1,487 |
| Other Liabilities | 0 |
| Total Liabilities ----- | \$1,812 |

Net Assets

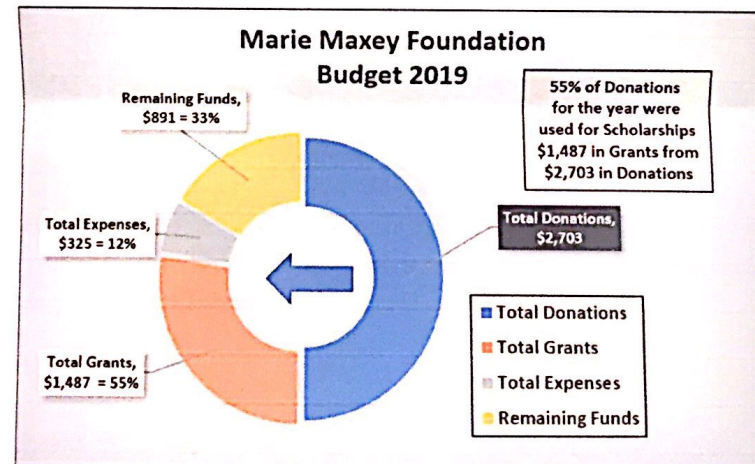
| | |
|-------------------------------|---------------|
| Beginning of Year | 0 |
| Change in Net Assets | \$ 891 |
| Total Net Assets ----- | \$ 891 |

TOTAL LIABILITIES & NET ASSETS **\$2,703**

AMOUNT CARRIED OVER TO NEXT FISCAL YEAR -- **\$ 891**

Marie Maxey Foundation Donations & Grants For the Fiscal Year January 1, 2019 – December 31, 2019

| Date | Time | Type | Amount | From Email Address |
|-----------------------|-----------------------------|------------------|----------------|-------------------------------------|
| 1/12/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 1/25/2019 | PayPal Giving Fund | Donation Payment | \$52 | PPGFUSPay@paypalgivingfund.org |
| 2/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 3/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 4/3/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 5/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 7/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 9/4/2019 | Robert St Thomas | Donation Payment | \$50 | rsttee@simtechdc.com |
| 9/15/2019 | Marie Maxey Foundation | Website Payment | \$25 | maxeycoffee@gmail.com |
| 10/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 10/3/2019 | Susana Weber | Donation Payment | \$100 | sweberlpc@gmail.com |
| 11/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 1/19/2019 | Michael Owen | Donation Payment | \$100 | mabsowen@yahoo.com |
| 12/3/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| | | | \$552 | |
| <u>Grants Awarded</u> | | | | |
| | David Bathrick | Donation Check | \$500 | \$200 - Adriadne Perdomo |
| | Peter Deinken | Donation Check | \$300 | \$250 - Mariana Ureta |
| | Network for Good (Facebook) | Donation Check | \$500 | \$187 - Winter Clothes - Fairfax VA |
| | Network for Good (Facebook) | Donation Check | \$500 | \$500 - Ammy De Leon |
| | Network for Good (Facebook) | Donation Check | \$350 | \$250 - Maria Caberra |
| | | | | \$100 - Ana Maria Hewitt |
| | | | \$2,150 | Total - \$1,487 |
| Total Donations | | | \$2,703 | |
| Total Grants | | | \$1,487 | |



Marie Maxey Foundation
Budget for the Fiscal Year January 1, 2020 – December 31, 2020

2020
ANNUAL BUDGET

Fulfilling Charity's Mission

| | |
|--|----------------|
| 1. Scholarships ----- | \$2,500 |
| 2. Latino Youth Support ----- | \$ 700 |
| | |
| Compensation of Officers/Staff | 0 |
| | |
| Fundraising Expenses ----- | \$ 100 |
| | |
| Rent | 0 |
| | |
| Utilities | 0 |
| | |
| Supplies/Postage ----- | \$ 100 |
| | |
| Insurance | 0 |
| | |
| Legal/Accounting Fees | 0 |
| | |
| Other Expenses (Website – http://www.maxeys.org) ---- | \$ 100 |
| | |
| Total Budget ----- | \$3,500 |

Marie Maxey Foundation
Names, Addresses and Titles of Board of Directors

| Name | Title | Address |
|------------------|-----------|--|
| Andrew M. Maxey | President | 5525 Talon Court Fairfax, VA 22032 |
| Ana J. Maxey | Treasurer | 5525 Talon Court Fairfax, VA 22032 |
| William L. Maxey | Director | 836 M Street, #207 Anchorage, AK |
| Matthew Vega | Director | 405 S. Elmwood Ave Oak Park, IL 60302 |
| Dominique Vega | Director | 405 S. Elmwood Ave Oak Park, IL 60302 |
| Andrew J. Maxey | Director | 5525 Talon Court Fairfax, VA 22032 |
| Justin A. Maxey | Director | 5525 Talon Court Fairfax, VA 22032 |

Commonwealth of Virginia



STATE CORPORATION COMMISSION

Richmond, August 31, 2018

This is to certify that the certificate of incorporation of

Marie Maxey Foundation

was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all Virginia laws applicable to the corporation and its business. Effective date: August 31, 2018



State Corporation Commission

Attest:

Joel H. Beck
Clerk of the Commission



Michael Maxey <michael@maxeys.org>

2019 Financial Statement and 2020 Budget Approval

1 message

Michael Maxey <michael@maxeys.org>

Tue, Sep 22, 2020 at 11:33 AM

To: Dominique Maxey <dominique.maxey@my.wheaton.edu>, William Maxey <wlmmaxey207@gmail.com>, Personal <matthew.vega89@gmail.com>, Justin Maxey <jam7zb@virginia.edu>, "Maxey, Ana" <anamaxey@gmail.com>, Andrew Jackson Maxey III <jmaxey1@vt.edu>, Rebecca Maxey <RebeccaDawnMaxey@gmail.com>

Please see attached 2019 financial statement for fiscal year. We discussed these finances in the 2020 annual meeting in January this year. Also attached are the draft minutes from that meeting. Please let me know if you have any questions.

We discussed 2020 activities -- scholarships, winter clothing drive and other activities -- at an annual cost of \$3,500. Based on our annual meeting, I understand that the board concurs with a 2020 budget of \$3,500 --- for 5 scholarships at \$500 each for \$2,500, support to Latino youth (Mariana Ureta - \$250 and support to promote Bing Giving, laptop grants, etc. at \$450) and foundation administration expenses (website, fundraising, etc. -- \$300). So, three categories of the 2020 budget are (1) scholarships - \$2,500, (2) youth support (\$700) and (3) administration (\$300) for a total of \$3,500. Please let me know if you have questions.

Attached is our latest bank statement. We have \$5,319 in our account as of August. Only one scholarship award check for the Chris Goughnour scholarship is still outstanding -- \$500 -- made to Maryann Calderon. When that check is cashed we will have a balance of approximately \$4,800. So far this year, we have awarded \$1,500 in scholarships plus additional support (honorarium to ten other youth) of \$450 and a support grant to Mariana Ureta of \$250. Two more \$500 scholarships will be awarded this year -- in December -- for \$1,000. At the end of 2020, we will have approximately \$4,500 in our bank account.

The two scholarships planned for December 2020 are for Elena Bathrick and Dulce Deinken at \$500 each. An announcement will go out for these scholarships next week. The Goughnour family has committed to a \$500 yearly donation to fund Chris' scholarship. We don't have a commitment for next year for the other two scholarships. I am going to reach out to let David Bathrick and Peter Deinken know we are announcing the scholarships for December. If they can help, we can continue these scholarships in 2021.

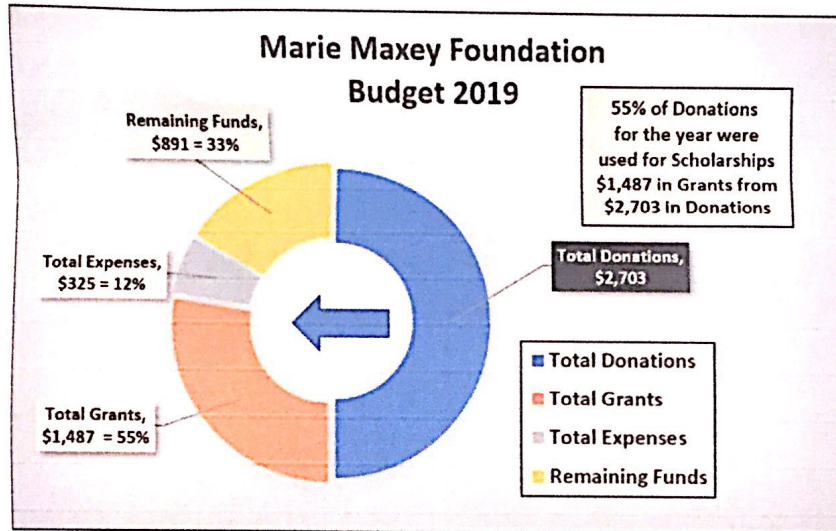
Please let me know if you have any questions or comments. I am in the process of doing our annual filing with the Virginia Charitable Organizations Commission. They require that we provide an annual budget. They also will review our attached financial statement. We have to pay a \$30 fee with our filing. I need to get this package in the mail to them this week. Please just reply with a "yes" for the 2020 budget at \$3,500 as

indicated above -- scholarships \$2,500, youth support \$700 and administrative expenses \$300.

Thanks.




Michael Maxey
Marie Maxey Foundation

Cell: 703 888-9143



at \$500 each --

3 attachments

-  Marie Maxey Foundation - Financial Statement 2019 - 09 22 2020.docx
211K
-  Marie Maxey Foundation - Minutes 2020 Annual Meeting - 01 25 2020.pdf
306K
-  Marie Maxey Foundation - Bank of America Statement - August 2020.pdf
387K

Minutes of the 2020 Annual Meeting
Marie Maxey Foundation
January 25, 2020

The meeting was called to order at 7:00 pm EST with a quorum present via Google Groups (participants included Larry Maxey, Ana Maxey, Jackson Maxey, Dominique Vega, Matt Vega and Michael Maxey). The first order of business was the chairman's report provided by Michael Maxey and consisted of the following comments:

Agenda

Review of Foundation Finances - The foundations monthly bank statements are posted online at <https://www.maxey.info/bank-information>. This link is the only way to access the bank statements. Each month's statement is identified. If a board member needs more specific information on a particular month, please contact Michael Maxey and a copy of the statement will be forwarded to you. We received \$2,703 in donations during 2019. The specifics for the donations and grants are provided below:

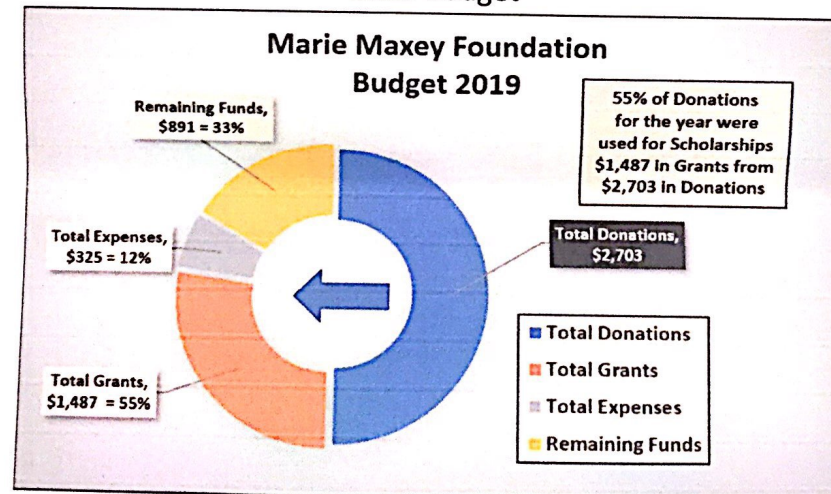
Donations and Grants

| Date | Time | Type | Amount | From Email Address |
|-----------|-----------------------------|------------------|---------|-------------------------------------|
| 1/12/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 1/25/2019 | PayPal Giving Fund | Donation Payment | \$52 | PPGFUSPay@paypalgivingfund.org |
| 2/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 3/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 4/3/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 5/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 7/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 9/4/2019 | Robert St Thomas | Donation Payment | \$50 | rsttee@simtechdc.com |
| 9/15/2019 | Marie Maxey Foundation | Website Payment | \$25 | maxeycoffee@gmail.com |
| 10/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 10/3/2019 | Susana Weber | Donation Payment | \$100 | sweberlpc@gmail.com |
| 11/1/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| 1/19/2019 | Michael Owen | Donation Payment | \$100 | mabsowen@yahoo.com |
| 12/3/2019 | Robert St Thomas | Donation Payment | \$25 | rsttee@simtechdc.com |
| | | | \$552 | |
| | | | | <u>Grants Awarded</u> |
| | | | | \$200 - Adriadne Perdomo |
| | David Bathrick | Donation Check | \$500 | \$250 - Mariana Ureta |
| | Peter Deinken | Donation Check | \$300 | \$187 - Winter Clothes - Fairfax VA |
| | Network for Good (Facebook) | Donation Check | \$500 | \$500 - Ammy De Leon |
| | Network for Good (Facebook) | Donation Check | \$500 | \$250 - Maria Caberra |
| | Network for Good (Facebook) | Donation Check | \$350 | \$100 - Ana Maria Hewitt |
| | | | \$2,150 | Total - \$1,487 |
| | | Total Donations | \$2,703 | |
| | | Total Grants | \$1,487 | |

Review of 2019 Grants by the Foundation - We provided grants of \$1,487 in 2019 that included (1) six scholarships to Hispanic youth (primarily focused on Dreamers) under the Elena Bathrick and Dulce Deinken Scholarships, (2) support to a Honduran youth (Ariadne Perdomo), and (3) funding for a winter coat drive for elementary school students.

- Scholarships - Three scholarships were provided under the Elena Bathrick scholarship to (1) Ammy de Leon (\$500), (2) Maria Cabrera (\$250) and (3) Ana Maria Hewitt (\$100). One of the applicants -- Mariana Urueta Hernandez -- allowed us to publicize her story and we were able to raise \$250 for a 4th scholarship which we granted to her on December 3, 2019.
- Honduran Youth - We provided support to a Honduran youth in Mississippi -- Ariadne Perdomo -- by funding her transportation to youth group at the Gulf Coast Church in Gulfport Mississippi. A total of \$200 (February - May) was provided to the church's youth ministry to coordinate transportation for Ariadne and we also provided a refurbished computer from Interconnection.
- Winter Clothes Program - The board approved the establishment of a winter coat drive and allocated \$500 for 2019. We were able to spend \$187 on the coat drive and coats were provided to students at Mason Crest Elementary School in Annandale Virginia. We are reserving the balance of the funds to use for a 2020 winter coat drive. If additional funding is needed, we will bring this matter to the board. For now, the balance of \$313 will be allocated for the coat drive.

2019 Budget



Discussion of 2020 Strategy – The foundation's scholarship program was discussed. The focus for 2019 was identified as providing support to Hispanic youth regardless of whether they were officially part of the Deferred Action Childhood Arrivals (DACA) program. There was also a discussion of expanding efforts to mentor Hispanic youth in local schools. Finally, there was a review of advocacy efforts and potential activities in 2019 to help analyze, formulate and promote policies that would help Hispanic youth achieve better education outcomes.

A motion was made by Larry Maxey to accept the chairman's report and was seconded by Dominique Vega. The board voted to approve the chairman's report.

A general discussion was held among board members regarding priority actions in 2019. A motion was made by Ana Maxey to continue the scholarship program, increase mentoring efforts in local schools and take on additional activities that were needed to help children achieve better education outcomes. The board voted to approve the motion for this type of strategic approach.

A motion to adjourn the meeting was made by Dominique Vega and seconded by Larry Maxey. The board voted to adjourn the meeting at 7:45 pm.