## Form **990**

## **Return of Organization Exempt From Income Tax**

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

	41-	- 2004	and anding			
AF	or the	e 2021 calendar year, or tax year beginning	and ending	D Employer ider	atification	an number
Вс	heck if ap	C Name of organization		D Employer ruer	imicatio	iii iidiiibei
	Addre	MOMS AGAINST POVERTY				
	chang	ge Doing business as	1	20-8865		
	Name	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	mber	
	Initial	return 851 BURLWAY RD, STE 800		(415)58	30-70	)42
	Final termin	return/ City or town, state or province, country, and ZIP or foreign postal code				
	Amen			G Gross receipts	\$	4,622,662.
	Applic	F Name and address of principal officer: DETENDIB ENNIFIT		H(a) Is this a grousubordinates		for Yes X No
		851 BURLWAY RD, STE 800, BURLINGAME, CA 9401	.0	H(b) Are all subord		ted? Yes No
I	Tax-ex	rempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)		If "No," at	tach a list	. See instructions
_		ite: > WWW.MOMSAGAINSTPOVERTY.ORG		H(c) Group exemp	ption num	ber <b>&gt;</b>
		of organization: X Corporation Trust Association Other	I Vear of	formation: 2006 M		
	art I	Summary	L real of	omation. 2000 In	otate of	regar dorniere. CA
			CCUEDUI E	^		
_	1	Briefly describe the organization's mission or most significant activities:SEE_	SCHEDULE	0		
Governance						
rna						
)Ve	2	Check this box ▶ ☐ if the organization discontinued its operations or dispos			1 1	
	3	Number of voting members of the governing body (Part VI, line 1a)			3	9
∞5 ∨	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	5
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5	7
€	6	Total number of volunteers (estimate if necessary)			6	30
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			7a	NONE
		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	NONE
_	- 2	The difficulties business tanders meaning from the training traini		Prior Year	1	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1	3,467,27	73	4,457,735.
Revenue	9	Program service revenue (Part VIII, line 2g)			ONE	NONE
Ver					ONE	1,621.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		87,82		-53,855.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,555,10		4,405,501.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,949,28		2,827,866.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			ONE	NONE
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		190,43	37.	296,932.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		No	ONE	NONE
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,749				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		258,89	91.	371,381.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,398,60	08.	3,496,179.
	19	Revenue less expenses. Subtract line 18 from line 12	[	156,49	93.	909,322.
t Assets or				Beginning of Current	<b>Year</b>	End of Year
ets	20	Total assets (Part X, line 16)		812,53	32.	1,611,937.
Ass Ba	21	Total liabilities (Part X, line 26)		207,85		107,355.
und	22	Net assets or fund balances. Subtract line 21 from line 20		604,68		1,504,582.
	rt II	Signature Block		004700	50.	1/301/302.
		nalties of perjury, I declare that I have examined this return, including accompanying scher	tules and statem	ents and to the hest of	f my kny	owledge and helief it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of whether the property is the complete of the preparer in the complete of the preparer in the complete of the preparer in the pre	nich preparer has	any knowledge.	i iliy kiik	owledge and belief, it is
				11/	1 </th <th>2 - 2 0</th>	2 - 2 0
Sig	n	= Fanaei		Date	13/	2022
He		Signature of officer				
110			ESIDENT &	CEO		
		Type or print name and title				
De:	4	Print/Type preparer's name Preparer's signature	Date	Check	if PT	IN
Paid		DEBRA K MCCALL DEBRA K MCCALL	11/15	/2022 self-employ	red P	00998198
	parer	Firm's name ▶ SEILER LLP		Firm's EIN ▶	94-	-1624276
USE	Only	Firm's address > THREE LAGOON DR STE 400 REDWOOD CITY, CA 94065		Phone no.	650	0-365-4646
Ma	y the	IRS discuss this return with the preparer shown above? See instructions				X Yes No
For	Pape	erwork Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2021)

	m 990 (2021)				Page Z
P			rvice Accomplishments		[]
_	Briefly desc	cribe the organization's m	tins a response or note to any line in t	his Part III	х х
'	SEE SCHE		ilssion:		
	SEE SCHE	יחטדים ח			
		· · · · · · · · · · · · · · · · · · ·			
2	Did the ord	anization undertake any	significant program services during	the year which were not listed on the	
_	prior Form	990 or 990-EZ? scribe these new services			Yes X No
3				s in how it conducts, any program	
	services?		• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	Yes X No
	If "Yes," des	scribe these changes on S	Schedule O.		
4	expenses. S	Section 501(c)(3) and 5	m service accomplishments for eac 01(c)(4) organizations are required ny, for each program service reported	ch of its three largest program service to report the amount of grants and a l.	es, as measured by llocations to others,
4a	(Code:	) (Expenses \$	1,128,171. including grants of \$	960,783. ) (Revenue \$	)
	SEE SCHE				······································
4b	(Code:	) (Expenses \$	521,024. including grants of \$	466,429. ) (Revenue \$	)
	SEE SCHE				
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			· · · · · · · · · · · · · · · · · · ·		
	-				
	·				
					-
4c	(Code:	) (Expenses \$	507,787. including grants of \$	503,007. ) (Revenue \$	)
	ORPHAN (	CARE: OPERATION O	F PRIVATE ORPHANAGE, RENC	VATION OF	·
			RAN, AND PROVIDING FOSTER		
			F: PROVIDING BASIC NEEDS		<del> </del>
			CLOTHES TO POOR CHILDREN		
			FT CARDS, TOYS, AND BLANK		
	OF IMPO	ARKIZHED CHITDKEN	IN THE U.S. DURING THE H	OLIDAYS.	
	<del></del>				
			·		- ,
		• •	·		
		am services (Describe on	· · · · · · · · · · · · · · · · · · ·		
	(Expenses \$			evenue \$ )	
lе	Total progra	m service expenses 🕨	3,055,867.		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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			ĺ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			,,
40	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	40		37
44	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,			
2	VII, VIII, IX, or X, as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	114		Х
A	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII.	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	<u> </u>		
	"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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	Χ	
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		Х
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	Χ	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 12 If "Yes," complete Schedule I, Parts I and II	21	X	i

Гаг	Checklist of Required Schedules (continued)		T	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.7
26	If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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	17	_X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		3.7	
25.0	or IV, and Part V, line 1	34 35a	X	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			1
3a	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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			ì
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶GERMANY			:
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ì
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Χ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year		•	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			-
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		·	
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			<del></del>
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	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		
	If "Yes," complete Form 6069.	••		

Form **990** (2021)

Par	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7.				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sche	edule O. S	ee in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u></u>	X
Sec	tion 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 1a	9			
	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.		ĺ		
b		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with			ĺ
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				1
	supervision of officers, directors, trustees, or key employees to a management company or other person?.	L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	<u></u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.		5		X
6	Did the organization have members or stockholders?	L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) med				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken				
	the year by the following:				
а	The governing body?		8a	_X	
b			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Re	∍venue C	ode.		
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[1	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	'	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm? . 🔟	l1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	I2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that coul				
	rise to conflicts?	• • • -	2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	′ 1			
	describe on Schedule O how this was done		I2c	Х	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?	[	14	X	
15	Did the process for determining compensation of the following persons include a review and appro				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	cision?			
а	The organization's CEO, Executive Director, or top management official		5a	Х	
b		1	15b	Χ	
	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 arrang				
	with a taxable entity during the year?	· · · · ⊢	6a		<u>X</u>
b	,,,,,,,, .				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegua	ird the			
04	organization's exempt status with respect to such arrangements?	1	6b		
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u> ,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ıd 990-T (	secti	on 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	<b></b>			
	Own website Another's website X Upon request Other (explain on Schedule O	•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of i	intere	est p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and	d records			
-	YASAMIN SHAMSHIRI 851 BURLWAY RD, STE 800 BURLINGAME, CA 94010			~~~	
JSA	(408) 464-1349	ı	Form S	990	(2021)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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.s
- 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 org	anization nor any related organi	zation compensated any curr	ent officer, director, or	trustee.
			1	

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er and	Pos heck ss pe	erson	e than of is both tor/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DELFARIB FANAEI	40.00				ĺ					
PRESIDENT & CEO	NONE	Х		Х				67,200.	NONE	NONE
(2) LADAN JUDGE	40.00	21						077200.	NONE	NONE
C00	NONE	Х		X				62,400.	NONE	NONE
(3) YASAMIN SHAMSHIRI	40.00									11011
CFO	NONE	Х		X				60,000.	NONE	NONE
(4) SAMANN ALAVI	5.00									
SECRETARY	NONE	Х						18,300.	NONE	NONE
(5) BOBAK C. BAKHTIARI	6.00									
DIRECTOR	NONE	Χ						NONE	NONE	NONE
(6) MARYAM REFAHI	1.00						ĺ			
DIRECTOR	NONE	Χ						NONE	NONE	NONE
(7) FATEMEH WINANS	4.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) NOOSHIN HAKIMI	2.00						ĺ			
DIRECTOR	NONE	Χ						NONE	NONE	NONE
(9) MICHAEL WHIPPLE	0.50									
DIRECTOR	NONE	Χ						NONE	NONE	NONE
(10)										
(11)										
(12)										
(13)										
(14)			İ							

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	эуе	es,	and	Hig	hest Compensat	ed Employees (	continued)
	(A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck	erson	e than o is both tor/trus	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
							ed.				
			1								
											-
										<del></del>	
C	Sub-total Total from continuation sheets to Part VII, So	ection A 🚬						<b>&gt;</b>	207,900. NONE	NONE NONE	NONE NONE
2	Total (add lines 1b and 1c)	imited to th			d at		e) who	re	207,900. ceived more than s	NONE \$100,000 of	NONE
3	Did the organization list any former office	er, directo	r, or	tru	ste	e, k	ey e	mpl	loyee, or highest	compensated	Yes No
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the s	<i>ile J for suc</i> sum of rep	<i>h indi</i> ortab	ividu Ie c	<i>ial</i> om∣	oen:	sation	 n an	d other compens	ation from the	3 X
	organization and related organizations greindividual										4 X
	Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors	accrue cor s," complet	npens e <i>Sch</i>	edu edu	on f <i>le J</i>	rom <i>for</i>	any such <sub>i</sub>	unr pers	elated organizatio	n or individual	<b>5</b> X
1	Complete this table for your five highest components of the component of t										
	(A) Name and business add	ress							(B) Description of ser	vices C	(C) compensation
	Total number of independent contractors (in				ited	to	thos	e lis	sted above) who	received	

Part VIII Statement of Revenu	art VIII	Statement	of Revenu
-------------------------------	----------	-----------	-----------

		Check if Schedule O contains a respons	nse or note to a	ny line in this Part \	/111		
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns 1a					5- 1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
υĔ	С	Fundraising events 1c	537,351.	. 9	and the second		
ifts r A	d	Related organizations 1d					
Ω.≅	e	Government grants (contributions) 1e	94,791.				
Sin	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above . 1f	3,825,593.		•		
ĕ₹	g	Noncash contributions included in					
d it	, ,	lines 1a-1f 1g	\$ 166,647.				
ವ ಬ	h	Total. Add lines 1a-1f		4,457,735.	* .		
	<del>  '''</del>	Total Act mice to 11	Business Code	1,101,150.			
ø	١	•	Ducinicos Godo			,	
ξŢ	2a						
Sei	b	<del></del>					
Ξē	C						
gra Re	d						<del></del>
Program Service Revenue	e						
-	'	All other program service revenue		NONE			<u> </u>
	g	Total. Add lines 2a-2f		NONE	<u> </u>		
	3	Investment income (including dividends,	_	1,621.			1,621.
	١.	other similar amounts)		NONE :	·-·		1,021.
	5	Income from investment of tax-exempt bond	•	NONE	<del></del>		
	3	Royalties	(ii) Personal	NONE			
		<del></del>	(ii) i disorial		4	٠	
	6a	Gross rents 6a		,	•		
	b	Less: rental expenses 6b		·		•	
	C	Rental income or (loss) 6c NONE		NOVE			
	d	Net rental income or (loss)	(ii) Other	NONE			
	7a		(II) Otilei				
		sales of assets					
		other than inventory 7a		<u>-</u> .			
er Revenue	b	Less: cost or other basis					
Ver		and sales expenses 7b					
æ	С	Gain or (loss) 7c			<u> </u>		
eľ	d	Net gain or (loss)		NONE			
oth	8a	3,000 1,001110 1,0111 1,01101					
. •		events (not including \$537,350.		4.			
		of contributions reported on line			,		
		1c). See Part IV, line 18 8a	162,251.				. '
	b	Less: direct expenses 8b	217,161.				
	С	Net income or (loss) from fundraising events	<u></u> ▶	-54,910.			-54,910.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE		·		
	С	Net income or (loss) from gaming activities.	<u></u> ▶	NONE			
	10a	Gross sales of inventory, less			÷		
		returns and allowances 10a	NONE		y	•	
	b	Less: cost of goods sold 10b	NONE		· ·		
	С	Net income or (loss) from sales of inventory		NONE			
ns			Business Code			• •	
leo ne	11a	OTHER REVENUE	900099	1,055.			1,055.
lan en	b						
Se.	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	_	1,055.			
	12	Total revenue. See instructions	▶	4,405,501.			-52,234.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Do not include amounts reported on lines 6b, 7b, (B) Program service (A) Total expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . 643,007. 643,<u>0</u>07. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . . NONE 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 2,184,859 2,184,859. 4 Benefits paid to or for members . . . . . . . . . NONE 5 Compensation of current officers, directors, trustees, and key employees ...... 207,900 80,019. 103,779. 24,102. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE 7,955. 68,615. 34,251 26,409. 8 Pension plan accruals and contributions (include NONE section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . . . . . . NONE 20,417. 11,477. 7,434. 1,506. 11 Fees for services (nonemployees): a Management ...... NONE 44,211. 433. 43,778. 34,300. 34,300. d Lobbying ...... NONE NONE e Professional fundraising services. See Part IV, line 17. f Investment management fees ...... NONE 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 116,170. 66,358. 49,812. 12 Advertising and promotion . . . . . . . . . . 16,517. 360. 16,157. 14,272. 2,348. 11,924. 14 Information technology...... 12,711. 12,711. NONE **15** Royalties.......... 32,970. 16 30,995. 1,975. 17 10,041. 5,018. 5,023. Payments of travel or entertainment expenses for any federal, state, or local public officials NONE Conferences, conventions, and meetings . . . . 19 NONE 3,365. 3,365. Payments to affiliates..... NONE 22 Depreciation, depletion, and amortization . . . . 7,192. 7,192. 9,173. 9,173. 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 O.) a BANK AND CC CHARGES 25,450. 40. 25,112. 298. b PAYROLL PROCESSING FEE 834 834 c EVENT CATERING 1,200 ,200. d EQUIPMENT RENTAL 1,632 1,472. 160. 41,343. e All other expenses \_ 22,913. 2,465. 15,965. 25 Total functional expenses. Add lines 1 through 24e 3,496,179. 3,055,867. 381,563. 58,749. 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 | following SOP 98-2 (ASC 958-720) . . . . . . .

### Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	699,989.	1	1,368,169.
2	Savings and temporary cash investments	NONE	2	NON
3	Pledges and grants receivable, net	64,354.	3	207,024
4	Accounts receivable, net	NONE	4	NON
5	Loans and other receivables from 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	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
<u>بر</u> ا	Notes and loans receivable, net	NONE		NON
7 8 8	Inventories for sale or use	16,382.	8	15,152
g   \$	Prepaid expenses and deferred charges	18,961.	9	9,802
1 -	Land, buildings, and equipment: cost or other			· · · · · · · · · · · · · · · · · · ·
1	basis. Complete Part VI of Schedule D   10a   31,583 .			
b	Less: accumulated depreciation 10b 19,793.	12,846.	10c	11,790
11	Investments - publicly traded securities	NONE		NON:
12	Investments - other securities. See Part IV, line 11	NONE		NON
13	Investments - program-related. See Part IV, line 11.	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	NONE		NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	812,532.	16	1,611,937
17	Accounts payable and accrued expenses	NONE		107,355
18	Grants payable	NONE		NON
19	Deferred revenue	NONE		NON
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
1	Loans and other payables to any current or former officer, director,			· · · · · · · · · · · · · · · · · · ·
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%		-	
5	controlled entity or family member of any of these persons	NONE	22	NON.
ž   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties	NONE	-	NON
24	Unsecured notes and loans payable to unrelated third parties	NONE		NON
	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	207,852.	25	NON:
26	Total liabilities. Add lines 17 through 25	207,852.	26	107,355
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	206,386.	27	676,732
28	Net assets with donor restrictions	398,294.	28	827,850
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	·		
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
ชี 32	Total net assets or fund balances	604,680.	32	1,504,582
33	Total liabilities and net assets/fund balances	812,532.	33	1,611,937
		,		Form <b>990</b> (202

Form 9	90 (2021)				P8	age IZ
Part	XI Reconciliation of Net Assets		-			_
	Check if Schedule O contains a response or note to any line in this Part XI					<u>.L.</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		4,4		501
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4	96,	<u> 179</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		9	09,	322
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6	04,	680
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6			-9,	420
7	Investment expenses	7_				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,5	04,	582
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					ot
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	on			
	Schedule O.				İ .	
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 com	piled	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 audit	ed o	n 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 over	sigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountar	it?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	olain	on			
	Schedule O.					1
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in	the			1
	Single Audit 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 under					1
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .	<u></u>	3b		L
				<b>—</b>	uun	(2024)