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)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A 1	For th	ie zuzz caie	endar year, or tax year beginning		and end	iing			Emple	vor idontifi	ootion nu	
В	Check if a	applicable:	C Name of organization					٦	Emplo	yer identifi	cation nu	mber
	1		MOMS AGAINST POVERTY									
	Addres	ss change	Doing business as						20-8865521			
	Name	change	Number and street (or P.O. box if ma	all is not delivered to street address)		Ro	oom/su	ite E	E Telephone number			
	Initial		851 BURLWAY RD, STE 8							(415)580-7042		
	1	return/terminated	City or town, state or province, cour	itry, and ZIP or foreign postal code				G	Gross	receipts \$		
	1	ded return	BURLINGAME, CA 94010							4,9	985,00)3
	Applica	ation pending	F Name and address of principal office	r: DELFARIB FANAEI				H(a) Is this a subordina		rn for	Yes	X No
			851 BURLWAY RD, STE 8	300, BURLINGAME, CA	4 94010)		H(b) Are all s		es included?	Yes	No.
I	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947	7(a)(1) or	527	7	If "N	o," attach	a list. See in	structions.	
J	Webs	ite: WW	W.MOMSAGAINSTPOVERTY	ORG				H(c) Group 6	exemption	n number		
K	Form	of organization	on: X Corporation Trust	Association Other		L Year of	format	ion: 2006	M Sta	te of legal	domicile:	CA
P	art I	Summ	iary									
	1	Briefly des	scribe the organization's mission o	r most significant activities: S	EE SCH	EDULE	0					
ø		•	· ·									
Governance												
ern	2	Check this	s box if the organization of	discontinued its operations	or dispos	sed of m	nore t	han 25%	of its	net ass	ets.	
9	3		f voting members of the governing							1		7
	4		f independent voting members of t									4
Activities &	5		ber of individuals employed in cale							_		<u>-</u>
ΞΞ	6		ber of volunteers (estimate if necess									30
Act			elated business revenue from Part V									NONE
			ated business taxable income from									NONE
		inet unitera	ited business taxable income from	TOTTI 990-1, Fatti, line 11				Prior Yea			ırrent Ye	
ine		Contributi	one and granta (Part VIII line 1h)									
	8		ons and grants (Part VIII, line 1h)					4,457			4,829,	
Revenue	9		service revenue (Part VIII, line 2g)					1	NON			NONE
Re			nt income (Part VIII, column (A), line						,621			NONE
	11		enue (Part VIII, column (A), lines 5,						<u>, 855</u>	_	-192	
	12		nue - add lines 8 through 11 (must					4,405			4,637,	
	13		d similar amounts paid (Part IX, colu					2,827			4,050,	
	14		paid to or for members (Part IX, colu				E		NONE			
es	15		other compensation, employee bene					296,932.			221	<u>,103.</u>
Expenses	16 a	Profession	nal fundraising fees (Part IX, column				NONE			E		NONE
ă	b	Total fund	draising expenses (Part IX, column (I	D), line 25) 96,	822.							
ш	17	Other exp	enses (Part IX, column (A), lines 11				371,381				535	,266.
	18	Total expe	enses. Add lines 13-17 (must equal	Part IX, column (A), line 25)				3,496	,179	. 4	4,806,	<u>,836.</u>
	19	Revenue I	less expenses. Subtract line 18 from	n line 12				909	,322		-169	,020.
Net Assets or Fund Balances							Begin	ning of Curre	ent Yea	r Ei	nd of Yea	r
sets	20	Total asse	ets (Part X, line 16)					1,611	,937	. 2	2,657,	<u>,976.</u>
AB	21	Total liabil	lities (Part X, line 26)					107	, 355		1,075,	,877.
NE E	22	Net assets	s or fund balances. Subtract line 21	from line 20				1,504	,582		1,582,	,099.
Pa	art II	Signat	ture Block									
Un	der pe	nalties of pe	rjury, I declare that I have examined th	is return, including accompanying	schedules	and statem	nents, a	and to the be	st of m	y knowledo	je and be	lief, it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information	of which p	reparer nas	s any kr	nowledge.				
Sig		Signature of	of officer					Date				
He	re	DELFAR	RIB FANAEI	PR	ESIDEN	T & CI	ΞO					
			nt name and title									
		Print/Type	e preparer's name	Preparer's signature		Date		Check	if	PTIN		
Paid	d	DEBRA	K MCCALL	DEBRA K MCCALL		11/14	/202			P0099	8198	
	parer	Firm's nam				<u> </u>	. / ᠘ U Z	Firm's EIN		94-162		
Use	Only	Firm's add		400 REDWOOD CITY, CA 94065				Phone no.		650-36		
Ma	v the		uss this return with the prepare								Yes	
$\overline{}$			luction Act Notice, see the separat		110110						res orm 990	No
. 01	rape	FI WOIK KEU	women Act Notice, see the separat	& 1113U UUUUII3.						F	JIIII J J U	· (∠∪∠∠)

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Ľ	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. x
1	Briefly describe the organization's mission:	. [A]
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,653,509. including grants of \$1,545,508.) (Revenue \$) SEE SCHEDULE O)
4b	(Code:) (Expenses \$ 1,365,686. including grants of \$ 1,249,964.) (Revenue \$)
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$1,154,174. including grants of \$1,066,349.) (Revenue \$))
	SEE SCHEDULE O	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 199,943. including grants of \$ 188,645.) (Revenue \$)	
4e	Total program service expenses 4 . 373 . 312 .	

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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			3.5
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	- 21	
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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		Х
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	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 1? If "Yes," complete Schedule I, Parts I and II	21	X	1

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Part	V Checklist of Required Schedules (continued)		<u> </u>	-9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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?			
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		
00	"Yes," complete Schedule L, Part IV	28c	37	_X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	20		3.7
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J-T	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u> .	
	<u> </u>		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Part	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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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
С	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	X	
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h	Х	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		21	
0	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	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:			
	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			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

orm 9	90 (2022) MOMS AGAINST POVERTY 20-8865	521	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and	for a	"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
ecti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent. 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.	_	
	· ·		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	1130 to connects: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	.		
	describe on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	155	7.7	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
	with a taxable entity during the year?	iva		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
b		16b		
b	organization o oxompt status with respect to such analysmshis:	100		
ecti	on C. Disclosure			
ecti 7	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA,	' (00-1	ion 5	04/-
	on C. Disclosure	(sect	ion 5	01(c)

17	List the states with which a copy of this Form 990 is required to be filedCA,	
1 Q	Section 6104 requires an organization to make its Forms 1023 (1024 or 102)	_Λ if

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records YASAMIN SHAMSHIRI 851 BURLWAY RD, STE 800 BURLINGAME, CA 94010

Form **990** (2022)

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

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) DELFARIB FANAEI	40.00										
PRESIDENT & CEO	5.00	Х		X				77,867.	NONE	NONE	
(2) YASAMIN SHAMSHIRI	40.00							,	-		
CFO	5.00	Х		Х				70,000.	NONE	NONE	
(3) SAMANN ALAVI	5.00										
SECRETARY	NONE	Х		Х				22,500.	NONE	NONE	
(4) LADAN JUDGE (RESIGNED IN '22)	40.00										
C00	20.00	X		Х				10,615.	NONE	NONE	
(5) BOBAK C. BAKHTIARI	6.00										
DIRECTOR	NONE	X						NONE	NONE	NONE	
(6) MARYAM REFAHI(RESIGNED IN '22	2.00										
DIRECTOR	NONE	X						NONE	NONE	NONE	
(7) FATEMEH WINANS	4.00										
DIRECTOR	NONE	X						NONE	NONE	NONE	
(8) NOOSHIN HAKIMI	2.00										
DIRECTOR	NONE	X						NONE	NONE	NONE	
(9) MICHAEL WHIPPLE	0.50										
DIRECTOR	NONE	X						NONE	NONE	NONE	
<u>(10)</u>											
<u>(11)</u>											
(12)											
<u>(13)</u>											
(14)		-									

Form **990** (2022)

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Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	npic	oye	es,	and F	Higi	hest Compensat	ed Emplo	yees (c	ontinued)
	(A)	(B)			(C)			(D)	(E)		(F)
	Name and title	Average			Pos	sition			Reportable	Reporta	able	Estimated
		hours per	(do i	not c	heck	mor	e than o	ne	compensation	compensati	on from	amount of
		week (list any	1				is both		from	relate	;d	other
		hours for		T			tor/trust	_	- the	organiza		compensation
		related	ndi or d	nsti	Officer	ey	digt	Former	organization	(W-2/1099	-MISC)	from the
		organizations below dotted	/idu	₹	βď	em	lest	ner	(W-2/1099-MISC)			organization and related
		line)	Individual trustee or director	Institutional trustee		Key employee	cor					organizations
		,	rust	= =		/ee	npe					. .
			ee	ste			sane					
				Φ			Highest compensated employee					
							<u> </u>				-	
			-									
						_					\longrightarrow	
												
		T										
		+										
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		+										
											\longrightarrow	
		 -										
1b	Sub-total							\blacktriangleright	180,982.		NONE	NONE
С	Total from continuation sheets to Part VII, S	ection A						•	NONE		NONE	NONE
d	Total (add lines 1b and 1c)							•	180,982.		NONE	NONE
2	Total number of individuals (including but not							n re	· · · · · · · · · · · · · · · · · · ·	\$100.000		
_	reportable compensation from the organization		11036	iiste	o a		•	0 10	ceived more man	\$100,000	OI .	
	reportable compensation from the organization					NO	NE					
												Yes No
3	Did the organization list any former office											
	employee on line 1a? If "Yes," complete Sched	ule <mark>J</mark> for su	ch ind	livid	lual							3 X
4	For any individual listed on line 1a, is the	oum of ron	ortok	مام	00 m		ootio:		nd other company	action from	tho	
4	organization and related organizations gro	sulli oi lep	oniai 44	י שונ	00111	ipei	15a1101	n ai	na other compens	salion nom	une ouch	
										ie J ioi	Sucri	4 X
	individual											4 X
5	Did any person listed on line 1a receive or											
	for services rendered to the organization? If "Yo	es," comple	te Sci	hedi	ule .	J for	such	per	son			5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100	0,000 of	f
	compensation from the organization. Report of	ompensati	on fo	r the	е са	lend	dar ye	ar e	ending with or with	nin the orga	anization	n's tax
	year.	-					•		-	J		
	<u> </u>											
	(A) Name and business add	troce							(B) Description of se	rvices	_	(C)
	ivame and dusiness add	11 G22							Description of Se	II VICES		ompensation
								+				
_	-											
2	Total number of independent contractors (in				nite	d to	thos		· ·	received		
	more than \$100,000 in compensation from th	e organizat	tion 🕽	▶				N	ONE			

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Part VIII Statement of Revenue

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respon	se or note to an				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
A,	С	Fundraising events 1c	447,631.				
ifts ar /	d	Related organizations 1d					
a,š E	е	Government grants (contributions) 1e					
Sign	f	All other contributions, gifts, grants,					
he		and similar amounts not included above . 1f	4,382,274.				
Ēδ	g	Noncash contributions included in	106 636				
anc	h	lines 1a-1f		4,829,905.			
	h	Total. Add lines 1a-1f	Business Code	4,029,903.			
ė	20		Buonicoo Couc				
Program Service Revenue	2a b						
Se	C						
am eve	d						
go R	e						
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		NONE			
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NONE	NONE				
	C	remai moomo ei (iose)		NONE			
	d 7a	Net rental income or (loss)	(ii) Other	NONE			
	/ a	sales of assets	(", " : " : "				
		other than inventory 7a					
Ð	ь	Less: cost or other basis					
venue		and sales expenses 7b					
	С	Gain or (loss) 7c					
2	d	Net gain or (loss)		NONE			
Other Re	8a	Gross income from fundraising					
0		events (not including \$447,631.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	147,287.				
	b	Less: direct expenses	340,744.				
	С	Net income or (loss) from fundraising events		-193,457.			-193,457.
	9a	Gross income from gaming	F 540				
		activities. See Part IV, line 19 9a	7,740. 6,443.				
	b	Less: direct expenses		1,297.			1,297.
	C	Net income or (loss) from gaming activities.		1,237.			1,237.
	10a	Gross sales of inventory, less returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
s		,	Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE	900099	71.			71.
ane inu	b						
eve	C						
lisc R	d	All other revenue					
2	е	Total. Add lines 11a-11d		71.			
ISA	12	Total revenue. See instructions		4,637,816.			-192,089.

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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 ı	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	554,701.	554,701.		
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	3,495,766.	3,495,766.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	124,854.	106,182.	6,339.	12,333
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	Other salaries and wages	77,144.	4,259.	36,644.	36,241
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,150.		3,150.	
10	Payroll taxes	15,955.	6,496.	9,459.	
	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	32,196.	6,401.	24,458.	1,337
	Accounting	104,611.	20,798.	79,470.	4,343
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	105 270	116 016	F2 102	25.250
	(A), amount, list line 11g expenses on Schedule O.)	195,378.	116,916.	53,103.	25,359
	Advertising and promotion	19,390.	4,102.	2,051.	13,237
	Office expenses	21,077.	14,488.	6,517.	72
	Information technology	NONE			
	Royalties	NONE 34,752.	3,652.	21 017	83
	Occupancy	10,557.	6,241.	31,017.	1,525
	Travel	10,337.	0,241.	2,791.	1,323
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
10	Conferences, conventions, and meetings	NONE			
		NONE			
	Payments to affiliates	NONE	+		
	Depreciation, depletion, and amortization	6,005.		6,005.	
	Insurance	11,150.		11,150.	
	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.)				
а	BANK AND CC CHARGES	48,771.		48,726.	45
	PRINTING, COPYING, AND PUBLI	5,171.	1,317.	1,607.	2,247
	EXCHANGE RATE TRANSLATION LO	31,877.	31,877.	NONE	NON
	OTHER	14,331.	116.	14,215.	NON
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,806,836.	4,373,312.	336,702.	96,822
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				·

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,368,169.	1	1,502,876.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	207,024.	3	550,861.
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE
	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	NONE
şts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	15,152.	8	39,960.
⋖	9	Prepaid expenses and deferred charges	9,802.	9	17,389.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 35,353.			
	b	Less: accumulated depreciation	11,790.	10c	9,555.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE	15	537,335.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,611,937.	16	2,657,976.
	17	Accounts payable and accrued expenses	107,355.	17	56,233.
	18	Grants payable	NONE		293,295.
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-ja		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			506 240
		of Schedule D	NONE		726,349.
	26	Total liabilities. Add lines 17 through 25	107,355.	26	1,075,877.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	676,732.	27	87,744.
ä	28	Net assets with donor restrictions	827,850.	28	1,494,355.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et ⊅	32	Total net assets or fund balances	1,504,582.	32	1,582,099.
ž	33	Total liabilities and net assets/fund balances	1,611,937.	33	2,657,976.
_			±, 0±±, 001.		Form 990 (2022)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,6	37,	<u>816</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,8	06,	<u>836</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	69,	020
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,5	04,	<u> 582</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		2	46,	<u>537</u>
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		<u>1,5</u>	82,	<u>099</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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 aud	ted 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	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

omb No. 1545-0047

2022

Open to Public Inspection

20-8865521

Department of the Treasury Internal Revenue Service

MOMS AGAINST POVERTY

Employer identification number

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	797,569.	1,464,037.	3,467,273.	4,457,735.	4,829,904.	15,016,518.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	797,569.	1,464,037.	3,467,273.	4,457,735.	4,829,904.	15,016,518.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						42,492.
6	Public support. Subtract line 5 from line 4						14,974,026.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	797,569.	1,464,037.	3,467,273.	4,457,735. 1,621.	4,829,904.	15,016,518.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE.SUPP.PAGE	360,199.	340,828.	87,828.	163,306.	155,098.	1,107,259.
11	Total support. Add lines 7 through 10						16,125,398.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			44 1 (0)			00.06.00
14	Public support percentage for 2022 (li		•			14	92.86 % 88.07 %
15	Public support percentage from 2021					15	
ıoa	331/3% support test - 2022. If the orgonization quality and stop here. The organization quality and stop here.						
h	331/3% support test - 2021. If the organization of	•		•			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2			_			
	10% or more, and if the organization	_					
	Part VI how the organization meets					-	•
	organization			_	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	-	=				
	in Part VI how the organization meets					-	-
	organization						
18	Private foundation. If the organization						
	instructions						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
g Dy			
	1		
ıs ed			
	2		
er	3a		
id ie			
	3b		
3)	3с		
If			
	4a		
n n			
	4b		
n ed 3)			
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	9a		
h	9b		
fit			
••	9с		
n d			
	10a		
to	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44.		
Section	on B. Type I Supporting Organizations	11c		
500111	on on the result of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	INO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
2	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2022 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain	in in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.				
Se	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7		7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
-	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting	g organization				
-	(see instructions).							

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2022

and 4c.

Breakdown of line 7:

a Excess from 2018...

b Excess from 2019...

c Excess from 2020...

d Excess from 2021...

e Excess from 2022...

Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2022

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

		==========	==========	==========	==========	
TOTALS	360,199.	340,828.	87,828.	163,306.	155,098.	1,107,259.
OTHER REVENUE				1,055.	71.	1,126.
FUNDRAISING SALE OF GOODS	360,199.	340,828.	87,828.	162,251.	155,027.	1,106,133.
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
SCHEDULE A, PART II - OTHER INCO	DME					

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

MON	MS AGAINST POVERTY	20-8865521
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	Int I Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С.	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
•	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	ion handling of
5	Does the organization have a written policy regarding the periodic monitoring, inspectiviolations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
•	cian and volunteer flours devoted to morntoning, inspecting, flanding or violations, and emotioning	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
-	, moraling of orporation in a moral ing, moral ing, manaling or moral ing of	one on taken bases and the same grant year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its re	venue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	The state of the s
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
-	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1.	\$
b	Assets included in Form 990, Part X	

Pa	rt Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar A	Assets (d	continued	1)
3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	any o	f the	follow	ing that m	nake sigr	nificant us	e of its
	collection items (check all that app	ly):										
а	Public exhibition	• ,		d	Loan	or excha	ange	prograi	m			
b	Scholarly research			e 🗀	Other							
С	Preservation for future gene	rations			_							
4	Provide a description of the organ		collections	s and expla	ain how t	hev fur	rther	the or	ganization's	s exemp	t purpose	in Part
-	XIII.		0000	on a onp.					ga <u>=</u> a	о олор	. pa.pooo	
5	During the year, did the organization	n solicit c	or receive o	donations o	fart hist	orical tr	easu	res or	other simil:	ar		
•	assets to be sold to raise funds rath										Yes	No
Pa	rt IV Escrow and Custodial A			aniou uo po		Ji gai ii L	411011	0 001101	J. 1011.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1 a	Is the organization an agent, trus	tee, custo	odian or o	ther interm	ediary fo	or conti	ributi	ons or	other ass	ets not		
	included on Form 990, Part X?				-					_	Yes	No
b	If "Yes," explain the arrangement i	n Part XII	l and com	olete the fo	lowing tab	ole:						
	, ,				Ü					Amount		
С	Beginning balance						1c					
d	Additions during the year											
e	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am							stodial	account lia	bility?	Yes	No
	If "Yes," explain the arrangement i											
	rt V Endowment Funds.				1		p				<u> </u>	
. ~	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990. F	Part IV.	line	10.				
	, , , , , , , , , , , , , , , , , , ,		rent year	(b) Prio		(c) Tw			(d) Three y	ears back	(e) Four ye	ears back
4.	Designing of year balance	(.,	,	(-,	,				(-)		(4) 11)	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2 a	Provide the estimated percentage Board designated or quasi-endown	of the cui	rrent year	end balanc %	e (line 1g,	column	ı (a))	held as	:			
b	Permanent endowment	%										
С	Term endowment %											
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	tion that	are hel	d and	d admir	nistered for	the		
	organization by:										Ye	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	ed as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended u											
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	word "V	os" on Foi	m 000 I	Dart I\/	lino	112	Soo Form	000 Pa	rt Y lino	10
	Description of property	111011 alls		other basis	(b) Cost of				cumulated		l) Book value	
				tment)		ther)	3010		eciation		, Book value	
1 a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment	[
e	Other					35,35			25,798.		9	,555.
Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Forr	n 990, Part	X, columi	า (B), lir	ne 10	c.)			9	,555.

Schedule D (F	Form 990) 2022 MOMS AGAINST P	OVERTY		2	0-8865521	Page
Part VII	Investments - Other Securities.					
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line	11b. See Form 990	, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mark		
(1) Financi	al derivatives					
(2) Closely	held equity interests					
(3) Other _						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments - Program Related. Complete if the organization answered	l "Voc" on Form 000	Dort IV line	11c See Form 000	Part V lina	12
	· · · · · · · · · · · · · · · · · · ·		, rait iv, iiie			13.
	(a) Description of investment	(b) Book value		(c) Method of valua Cost or end-of-year mark		
(1)						
(2)						
(3)						
(4)						
<u>(5)</u>						
(6)						
(7)						
(8)						
(9)	(h) more than 15 more 2000. Bend When 1 (D) line 10.)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	Part IV line	11d See Form 990	Part X line	15
	· · · · · · · · · · · · · · · · · · ·	scription	, r art iv, iiio	110. 000 1 01111 330	(b) Book v	
/1\FIINDS	HELD W/CUSTODIAL AGENT	Scription			· ' '	,314
	OF USE - WAREHOUSE LEASE					,612
	OF USE - OFFICE LEASE					,409
(4)					100	7 100
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) I	line 15.)			537	,335
Part X	Other Liabilities.					
	Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line	11e or 11f. See For	m 990, Part	Χ,
1.	(a) Descrip	tion of liability			(b) Book v	/alue
(1) Feder	ral income taxes					
(2)REFUN	DABLE ADVANCES				498	,098
(3)OPERA	TING LEASE LIABILITIES				228	,251
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						

726,349.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

Schedule D (Form 990) 2022 MOMS AGAINST POVERTY 20-8865521 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		0005521 Tage 4
rare	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
1	Total revenue, gains, and other support per audited financial statements	1	4,927,163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	20	200 247
e	Add lines 2a through 2d	2e 3	289,347. 4,637,816.
3 4	Subtract line 2e from line 1		1,037,010.
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,637,816.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	irn.	
1	Total expenses and losses per audited financial statements	1	4,849,646.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d e	Add lines 2a through 2d	2e	42,810.
3	Subtract line 2e from line 1	3	4,806,836.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
	Add lines 4a and 4b	4c	4 006 026
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,806,836.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	

 Schedule D (Form 990) 2022
 MOMS AGAINST POVERTY
 20-8865521
 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** 20-8865521 MOMS AGAINST POVERTY General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total émployees, of offices in expenditures for region (by type) (such as, a program service, agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) MIDDLE EAST AND NORTH AFRICA 1 PROGRAM SERVICES FOOD, EDUC, ORPHAN CARE 3,190,438. (2) EAST ASIA AND THE PACIFIC PROGRAM SERVICES FOOD, EDUC, ORPHAN CARE 198,301. (3) SUB-SAHARAN AFRICA 1 PROGRAM SERVICES FOOD, EDUC, ORPHAN CARE 72,027. (4) NORTH AMERICA PROGRAM SERVICES FOOD, EDUC, ORPHAN CARE 25,000. (5) EUROPE 10,000. PROGRAM SERVICES FOOD, EDUC, ORPHAN CARE (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal 1 3,495,766. 3a Total from continuation

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sheets to Part I **Totals** (add lines 3a and 3b)

Schedule F (Form 990) 2022

3,495,766.

 Schedule F (Form 990) 2022
 MOMS AGAINST POVERTY
 20-8865521
 Page 2

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			MIDDLE EAST/NORTH AFRICA	HUNGER RELIE	3,190,438.	WIRE/CHECK			
(2)			EAST ASIA/PACIFIC	HUNGER RELIE	179,151.	WIRE			
(3)			EAST ASIA/PACIFIC	ORPHAN CARE,	19,150.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	DISASTER REI	10,000.	WIRE			
(5)			SUB-SAHARAN AFRICA	EDUCATION, F	43,352.	WIRE			
(6)			SUB-SAHARAN AFRICA	EDUCATION, F	7,500.	WIRE			
(7)			SUB-SAHARAN AFRICA	EDUCATION, F	11,179.	WIRE			
(8)			NORTH AMERICA	FOOD	25,000.	WIRE			
(9)			SUB-SAHARAN AFRICA	FOOD	9,996.	WIRE			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

 Schedule F (Form 990) 2022
 MOMS AGAINST POVERTY
 20-8865521
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(47)							
(18)							

Part IV **Foreign Forms** 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) X No Yes Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Yes

Yes

6

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART V

MEMORANDA OF UNDERSTANDING AND/OR AGENCY AGREEMENTS ARE SIGNED WITH ALL LOCAL AGENTS/PARTNERS IN EACH OVERSEAS JURISDICTION WHERE THE PURPOSE, ROLES AND RESPONSIBILITIES FOR EACH PROJECT AND/OR PROGRAMING ARE OUTLINED. REPORTING REQUIREMENTS ARE SET IN A WAY THAT THE ORGANIZATION RECEIVES REGULAR PROGRESS REPORTS AND PICTURES DEPICTING THE PROJECT. UPON COMPLETION, A FINAL COMPLETION REPORT TOGETHER WITH PICTURES/VIDEOS ARE PROVIDED. IN ADDITION, DIRECTORS, OFFICERS AND MEMBERS OF THE BOARD AND THE ADVISORY COMMITTEE OF THE ORGANIZATION REGULARLY VISIT MOST INTERNATIONAL PROJECTS. WHEN APPLICABLE, GRANTEES/AGENTS MAKE THEIR AUDITED FINANCIAL REPORTS AVAILABLE TO THE ORGANIZATION. IN 2022, NUMBEROUS PROJECTS AND PROGRAMS WERE VISITED AT LENGTH.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

In N

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

OMB No. 1545-0047 Open to Public

	of the organization	Go to www.irs.gov/Forms	990 TOT ITISETE	ctions and ti	ie iatest illioilliation.	Employer identification	on number
	S AGAINST POVERTY					20-886552	
Part	Fundraising Activities. Cor	,			Yes" on Form 99		
	Form 990-EZ filers are not						
1	Indicate whether the organization r	•		•			
a		e			non-government g		
b	Internet and email solicitations Phone solicitations			-	government grant ising events	S	
c d		g	Spec	iai iunurai	ising events		
	Did the organization have a writter	or oral agreement v	with any ing	dividual (in	cluding officers of	liroctore truetone	
2 a	or key employees listed in Form 9						Yes No
b	If "Yes," list the 10 highest paid in						fundraiser is to be
	compensated at least \$5,000 by the	e organization.					
						1	1
	(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization
			Yes	No		col. (i)	
1			163	110			
2							
3							
4							
5							
6							
7							
8							
9							
10							
T							
Total 3	List all states in which the organi	zotion in registered	or licence		contributions or	has been notified	it is even at from
3	registration or licensing.	zation is registered t	oi licerisec	i to solicit	CONTIDUCTORS OF	nas been notined	it is exempt from

MOMS AGAINST POVERTY 20-8865521 Page **2**

Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than \$5,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA (quant time)	L <u>UNCHEON</u>	(total number)	(add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	33 (3)/
Revenue	1	Gross receipts	538,496.	56,423.		594,919.
œ	2	Less: Contributions	411,959.	35,673.		447,632.
		Gross income (line 1 minus	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
		line 2)	126,537.	20,750.		147,287.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	61,855.	7,665.		69,520.
t Exp	7	Food and beverages	83,630.	1,996.		85,626.
Direc	8	Entertainment				
	9	Other direct expenses	116,846.	68,752.		185,598.
	10	Direct expense summary. Add lin	nes 4 through 9 in col	umn (d)		340,744.
	11	Net income summary. Subtract I	line 10 from line 3, col	lumn (d)		-193,457.
Pa	rt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	ıe 6a. ⊤	1		Т
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
š				34, 3, 44, 4, 3		., .
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes%	
	_	Dinast ann an an ann ann Add li	O.4bb 5 inb			
	′	Direct expense summary. Add lin	nes 2 through 5 in coil	umn (a)		
	8	Net gaming income summary. S	Subtract line 7 from line	e 1. column (d)		
		, , , , , , , , , , , , , , , , , , ,		- , (- / 1 1 1 1		
9 a k	a l	Enter the state(s) in which the org is the organization licensed to con if "No," explain:	duct gaming activities	in each of these state		Yes No
	-					
10 a		Were any of the organization's gamino				Yes No
	, '	f "Yes," explain:				
	-					

Sched	lule G (Form 990 or 990-EZ) 2022 MOMS AGAINST POVERTY	20-88	65521	Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	<i>y</i> _		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g		٦,, [
	revenue?	L	Yes [No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	and the		
_	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:			
·	in 103, Chief Hame and address of the tillia party.			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ►\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	ceeds to		
	retain the state gaming license?	[Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number
MOMS AGAINST POVERTY						20-8865521	
Part I General Information on Grants a	and Assistanc	е				'	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod Part II Grants and Other Assistance to 	ants or assistand cedures for more Domestic Or	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organi	zation answered "Y	X Yes No
Part IV, line 21, for any recipien 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	additional space is (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MOTHER MIRACLE							
8 MARINERS CIR SAN RAFAEL, CA 94903	26-0693507	501C3	40,000.				CONSTRUCTING NEW CLA
(2) FAMILIES WITHOUT BORDERS							
166 CASTLE CREST RD ALAMO, CA 94507-2671	45-3054610	501C3	11,860.				IMPROVING VILLAGE SC
(3) CHILD INTERNATIONAL							
1516 BROOKHOLLOW DR UNIT B	20-2735663	501C3	5,928.				BASIC PROVISION FOR
(4) SUNSAR MAYA INC.							
2021 FILMORE ST STE 213	45-2601154	501C3	6,000.				IMPROVING LEARNING C
(5) BRET HARTE ELEMENTARY SCHOOL							
1035 GILMAN AVE SAN FRANCISCO, CA 94124	94-6000416			53,453.	BOOK	HYGIENE PRODUCTS, NO	BATTLE FOOD INSECUIT
(6) BURCKHALTER ELEMENTARY SCHOOL							
3994 BURCKHALTER AVE OAKLAND, CA 94605	94-6000385			17,964.	BOOK	NON-PERISHABLE ND PE	BATTLE FOOD INSECUIT
(7) CASTRO VALLEY UNIFIFED SCHOOL DISTRICT							
4400 ALMA AVE CASTRO VALLEY, CA 94546	94-1694282			51,430.	BOOK	HYGIENE PRODUCTS, NO	BATTLE FOOD INSECUIT
(8) EL SHADDAI MINISTRIES							
563 E LEWELLING BLVD SAN LORENZO, CA 94580	94-3188181			95,334.	BOOK	NON-PERISHABLE AND P	BATTLE FOOD INSECUIT
(9) HOMELESS PRENATAL PROGRAM, INC							
2500 18TH ST SAN FRANCISCO, CA 94110	94-3146280	501C3		83,840.	BOOK	NON-PERISHABLE AND P	BATTLE FOOD INSECUIT
(10) ZAIDA RODRIGUEZ ELEMENTARY							
2950 MISSION ST SAN FRANCISCO, CA 94110	94-6000416			18,185.	BOOK	NON-PERISHABLE AND P	BATTLE FOOD INSECUIT
(11) LAUREL ELEMENTARY							
316 36TH AVE SAN MATEO, CA 94403	94-6172082			7,655.	BOOK	NON-PERISHABLE AND P	BATTLE FOOD INSECUIT
(12) EAST PALO ALTO ACADEMY							
1050 MYRTLE ST EAST PALO ALTO, CA 94303	20-2699147	501C3		5,500.	BOOK	NON-PERISHABLE AND P	BATTLE FOOD INSECUIT
2 Enter total number of section 501(c)(3) ar	nd government	organizations lis	sted in the line 1 tal	ole			23
3 Enter total number of other organizations	listed in the line	1 table					NONE

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

MOMS AGAINST POVERTY						20-8865521	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					Yes No
Part IV, line 21, for any recipient the		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)LOS ROBLES MCNAIR ACADEMY							
2033 PULGAS AVE EAST PALO ALTO, CA 94303	77-0209800			24,774.	BOOK	NON-PERISHABLE, PERI	BATTLE FOOD INSECUIT
(2) SAHA (SATELITE AFFORDABLE HOUSING ASSOCIATE							
1835 ALCATRAZ AVE BERKLEY, CA 94703	94-3186770			13,250.	BOOK	NON-PERISHABLES, PER	BATTLE FOOD INSECUIT
(3) STANDUP FOR KIDS							
1055 EL CAMINO DR STE E	33-0414855	501C3		6,547.	BOOK	PERISHABLE FOOD, HYO	BATTLE FOOD INSECUIT
(4) ZIA INC							
1801 GREEN ST PHILADELPHIA, PA 19130	82-2880213	501C3		14,473.	BOOK	PERISHABLE FOOD	BATTLE FOOD INSECUIT
(5) PLEDGE TO HUMANITY							
3000 F DANVILLE BLVD, #182, ALAMO, CA 84507	32-0275845	501C3	14,143.				BATTLE FOOD INSECUIT
(6) AFGHAN LITERACY FOUNDATION							
PO BOX 1265 REDONDO BEACH, CA 90278	80-0376335	501C3		6,250.	BOOK	FOOD, TOILETRIES, CI	BATTLE FOOD INSECUIT
(7) APA FAMILY SUPPORT SERVICES							
10 NOTTINGHAM PLACE SAN FRANCISCO, CA 94133	94-3164091	501C3		8,356.	BOOK	FOOD, TOILETRIES, CI	BATTLE FOOD INSECUIT
(8) FIESTA GARDEN INTERNATIONAL SCHOOL							
1001 BERMUDA DRIVE SAN MATEO, CA 944031508	94-3184112	501C3		18,980.	BOOK	FOOD, TOILETRIES, CI	BATTLE FOOD INSECUIT
(9) FOOD FOR THOUGHT							
801 PARK CENTRAL ST RICHMOND, CA 94803	87-2369890	501C3		10,805.	BOOK	FOOD, TOILETRIES, CI	BATTLE FOOD INSECUIT
(10) HUNTERS POINT							
150 EXECUTIVE PARK BLVD STE 4500	94-3361252	501C3		13,945.	BOOK	FOOD, TOILETRIES, CI	BATTLE FOOD INSECUIT
(11) MOTIVATING INSPIRING SUPPORTING AND SERVING							
424 JEFFERSON ST OAKLAND, CA 94607	26-4513862	501C3		8,623.	BOOK	FOOD, TOILETRIES, CI	BATTLE FOOD INSECUIT
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	-	-					

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

Schedule I (Form 990) (2022) MOMS AGAINST POVERTY 20-8865521 Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
3					
_4					
_ 5					
_ 6					
_7					

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

1

MEMORANDA OF UNDERSTANDING AND/OR AGENCY AGREEMENTS ARE SIGNED WITH ALL LOCAL AGENTS/PARTNERS IN EACH OVERSEAS JURISDICTION WHERE THE PURPOSE, ROLES AND RESPONSIBILITIES FOR EACH PROJECT AND/OR PROGRAMING ARE OUTLINED. REPORTING REQUIREMENTS ARE SET IN A WAY THAT THE ORGANIZATION RECEIVES REGULAR PROGRESS REPORTS AND PICTURES DEPICTING THE PROJECT. UPON COMPLETION, A FINAL COMPLETION REPORT TOGETHER WITH PICTURES/VIDEOS ARE PROVIDED. IN ADDITION, DIRECTORS, OFFICERS AND MEMBERS OF THE BOARD AND THE ADVISORY COMMITTEE OF THE ORGANIZATION REGULARLY VISIT MOST

Schedule I (Form 990) (2022) MOMS AGAINST POVERTY 20-8865521 Page **2**

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
_4					
_ 5					
_6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

INTERNATIONAL PROJECTS. WHEN APPLICABLE, GRANTEES/AGENTS MAKE THEIR

AUDITED FINANCIAL REPORTS AVAILABLE TO THE ORGANIZATION.

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number Name of the organization MOMS AGAINST POVERTY 20-8865521 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (i) Written (f) Balance due (g) In default? (h) Approved (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No No (1) (2) (3)(4)(5)(6) (7) (8)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2022

(9) (10) Total

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1) Yasaman samsami	PRESIDENT & CEO'S DAUGHTE	19,709.	CONSULTANT		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2022
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 20-8865521

MOMS AGAINST POVERTY

Part I Types of Property

		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	Method of			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash cont	ribution	n amo	unts
1	Art - Works of art	X	3	1,454.	COMPARABL	E SA	LES	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		350.	FMV			
6	Cars and other vehicles		1	87,000.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	76,720	76,720.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(SEE SUPP PAGE)		23.	31,112.				
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			1
							Yes	No
30a	During the year, did the organizat		, , , ,	• •	•			
	28, that it must hold for at least the	•			•			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a			· · · · · · · · · · · · · · · · · · ·				
	contributions?					31	Х	
32a	Does the organization hire or use	•	•	the state of the s				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

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

Schedule M (Form 990) 2022

describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Part II Suppleme

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

DESCRIPTION		(A) CHEC	CK CO	NTRIBUTIO	ONS		REPORTED	(D)	ME'
				(B) NUMBER	OF	(C)	REVENUES		
========			====:	=======	=======	=====				
SCHEDULE M,	PART	I -	OTHER	NONCASH	CONTRIBU	TIONS				

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GETAWAYS	Х	6	4,116.	FMV
JEWELRY	X	2	1,220.	APPRAISED
COMPUTER	X	1	2,460.	FMV
FURNITURE	X	2	8,000.	FMV
WINE AND LIQUOR	X	3	1,645.	FMV
GIFT CARDS	X	8	510.	FMV
AUCTION SUPPLIE	X	1	13,161.	FMV
TOTALS		23.	31,112.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

20-8865521

MOMS AGAINST POVERTY

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE SPECIFIC PURPOSES OF THE ORGANIZATION ARE TO LESSEN THE INCIDENCE AND EFFECTS OF POVERTY THROUGHOUT THE WORLD, BY INCLUDING BUT NOT LIMITED TO BY (I) PROVIDING EVERYDAY NECESSITIES FOR CHILDREN AND YOUNG ADULTS LIVING IN POVERTY (OR, AS APPROPRIATE, TO THEIR PARENTS, SIBLINGS, AND CAREGIVERS ON THEIR BEHALF), INCLUDING PROVIDING FOOD, WATER, SHELTER, AND BASIC PROVISIONS, AND INCLUDING (BUT NOT LIMITED TO) HEALTH CARE AND EDUCATIONAL RESOURCES; (II) ESTABLISHING, CONSTRUCTING, AND OPERATING EDUCATIONAL FACILITIES, INCLUDING (BUT NOT LIMITED TO) JOB OR SKILL TRAINING FACILITIES, TO ASSIST YOUTH AND YOUNG ADULTS TO ENHANCE SELF-SUFFICIENCY; (III) ESTABLISHING, CONSTRUCTING, RENOVATING, REMODELING, AND OPERATING ORPHANAGES AND CHILDREN'S HOMES (INCLUDING BY WORKING WITH ORPHANS, AND WITH NEGLECTED, ABUSED, AND ABANDONED CHILDREN AND YOUTH); AND (IV) RENOVATING, REMODELING, AND CONSTRUCTING SCHOOLS, DAYCARE CENTERS, HEALTH CLINICS, AND LIBRARIES; AND TO PROVIDE FOOD, WATER, CLOTHING, SHELTER, SANITATION, EDUCATIONAL TOOLS, MEDICAL EQUIPMENT/ HEALTH CARE AND OTHER NECESSARY SUPPORT TO COMMUNITIES IMPACTED BY NATURAL DISASTERS, EPIDEMICS AND PANDEMICS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ORPHAN CARE: OPERATION OF THREE PRIVATE ORPHANAGES IN IRAN, ESTABLIHING
ONE VOCATIONAL TRAINING CENTER FOR ORPHANED YOUTH IN IRAN, SUPPORTING 20
ORPHANAGES FOR CHILDREN AGED 0 AND UP, INCLUDING THOSE WITH
DISABILITIES), WITH FOOD AND BASIC NEEDS. RENOVATION OF RUN-DOWN
ORPHANAGES IN IRAN. PROVIDE ORPHAN CARE IN THE PHILIPPINES. DISASTER
RELIEF: PROVIDING BASIC NEEDS TO IMPOVERISHED VICTIMS OF NATURAL

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

20-8865521

Name of the organization

MOMS AGAINST POVERTY

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DESIGNATED MEMBERS OF BOARD REVIEW BEFORE FILING

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF

THE BYLAWS OF THE CORPORATION REGULATE HANDLING OF CONFLICT OF INTEREST

WHICH ALSO INCLUDES CONFLICT OF INTEREST -RELATED RECUSAL PROVISION, THE

EMPLOYEE HANDBOOK ALSO REGULATES HOW CONFLICT OF INTEREST NEED TO BE

HANDLED

DISASTERS AND WINTER CLOTHES AND SHOES TO POOR CHILDREN IN IRAN.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILAB

AVAILABLE UPON REQUEST

FORM 990, PART VI, LINE 15A &B - PROCESS FOR DETERMINING COMPENSATION

CEO, EXECUTIVE DIRECTOR, OR TOP MANAGMENT:

THE INDEPENDENT COMPENSATION COMMITTEE CONDUCTS THE COMPARABILITY REVIEW

OF PUBLICLY AVAILABLE COMPENSATION DATA FROM AT LEAST THREE RELIABLE

SOURCES IN ACCORDANCE WITH IRS AND OTHER AVAILABLE GUIDELINES AND REPORTS

BACK TO THE BOARD.

OTHER OFFICERS OR KEY EMPLOYEES:

THE INDEPENDENT COMPENSATION COMMITTEE CONDUCTS THE COMPARABILITY REVIEW OF PUBLICLY AVAILABLE COMPENSATION DATA FROM AT LEAST THREE RELIABLE SOURCES IN ACCORDANCE WITH IRS AND OTHER AVAILABLE GUIDELINES AND REPORTS BACK TO THE BOARD (OFFICERS). KEY EMPLOYEE COMPENSATION IS ESTABLISHED BY THE CEO.

Name of the organization

MOMS AGAINST POVERTY

20-8865521

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MOMS AGAINST POVERTY IS A GLOBAL NON-PROFIT ORGANIZATION WITH THE MISSION TO NURTURE AND EDUCATE CHILDREN LIVING IN POOR CIRCUMSTANCES TO THEIR FULLEST POTENTIAL, SO THAT ONE DAY THEY CAN CONTRIBUTE AND LEAD WITHIN THEIR OWN COMMUNITIES AND BREAK THE CYCLE OF POVERTY. OUR WORK IS HOLISTICALLY MINDED, ADVANCING COMMUNITIES ONE PROGRAM AT A TIME TOWARD WELL-BEING AND SELF-SUFFICIENCY. FIRST, WE ADDRESS CHILDREN'S BASIC NEEDS, SUCH AS FOOD, SHELTER, AND HEALTHCARE. THEN, USING EDUCATION AND VOCATIONAL PROGRAMS, WE PROVIDE THEM WITH THE TOOLS AND ENVIRONMENT THEY NEED TO THRIVE AND BECOME SUCCESSFUL MEMBERS OF THEIR COMMUNITY AND THE WORLD AT LARGE.

Name of the organization

MOMS AGAINST POVERTY

Employer identification number 20-8865521

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

EDUCATION - 16 SCHOOLS WERE CONSTRUCTED IN IRAN, 38 SCHOOLS AND VOCATIONAL SCHOOLS WERE EQUIPPED OR REPAIRED IN IRAN, HUNDREDS OF SCHOOL SUPPLIES AND COMPUTERS WERE SUPPLIED TO NOMADIC SCHOOLS IN IRAN; 34 REFIGERATORS/FREEZERS WERE SUPPLIED TO NOMADIC SCHOOLS IN IRAN; 3 EMPOWERMENT WORKSHOPS WERE EQUIPPED AND HELD FOR YOUTH AND WOMEN HEADS OF HOSUEHOLDS IN IMPOVERISHED IRANIAN COMMUNITIES. WE CONTINUED TO OFFER FREE DAYCARE, PRESCHOOLS AND AFTER-SCHOOL CLASSES AND VOCATIONAL TRAINING AT OUR SCHOOL, SERVING OVER 110 ORPHANED AND IMPOVERISHED CHILDREN. WE CONSTRUCTED A NEW BUILDING AT AN ELEMENTARY SCHOOL, ENABLING 180 MORE CHILDREN TO ATTEND; CONSTRUCTED NEW SANITARY FACILITIES BENEFITTING OVER 1,000 ELEMENTARY SCHOOL CHILDREN; REBUILT STORM-DAMAGED WALLS AT A SCHOOL. WE PROVIDED SOLAR LIGHTS IN PRIMARY SCHOOLS IN SIERRA LEONE. WE FUNDED THE ADDITION OF A FLOOR WITH 7 CLASSROOMS TO AN EXISTING SCHOOL FOR THE POOR IN INDIA.

LINE 4B, PROGRAM SERVICE

HUNGER RELIEF AND BASIC PROVISIONS - AS PART OF OUR FOOD PROGRAM, 8,600 FOOD PACKAGES/FOOD VOUCHERS WERE DISTRIBUTED TO NEEDY PEOPLE, INCLUDING VICTIM OF EARTHQUAKE, THE DISABLED AND FEMALE HEADS OF HOUSEHOLD AND EXPECTANT WOMEN, 20 NURSERIES, INCLUDING CARE FOR ORPHANS WITH DISABILITIES, WERE PROVIDED WITH FOOD AND BASIC NEEDS, CIRCA 1,000,000 BREAKFAST WERE SERVED TO CIRCA 4,000 NOMADIC STUDENTS IN IRAN, HUNDREDS OF THOUSANDS OF BREAD LOAVES WERE DISTRIBUTED TO NEEDY PEOPLE IN IRAN, 186 PORTABLE WATER TANKS WERE PROVIDED FOR SCHOOLS AND AREAS IN NEED, WATER PURIFIERS, DESALINATION AND PIPING SYSTEMS WERE ALSO PROVIDED IN IRAN, CIRCA 1,320 PAIRS OF SHOES AND 8,000 SETS OF SHOES, WINTER COATS AND ACCESSORIES WERE PROVIDED TO NEEDY STUDENTS IN IRAN. WE PROVIDED MONTH'S WORTH OF FOOD SUPPLY TO AFGHAN REFUGEES IN IRAN. WE PROVIDED 100,000 CHILDREN AND THEIR FAMILIES IN NEED IN CALIFORNIA, PENNSYLVANIA, VIRGINIA, AND WASHINGTON D.C. WITH FOOD, BASIC NEEDS AND EDUCATIONAL RESOURCES: 154,000 LBS OF FOOD, 1,200 BOXES OF NON-PERISHABLE FOOD ITEMS, 14,000 ITEMS OF BASIC PROVISIONS, 600 CHICKENS, 2,000 TOYS, 235 BLANKETS, 314 HALLOWEEN COSTUMES, 675 GIFT CARDS AND 100 HYGIENE KITS, 4 WORKSHOPS HELD FOR AFGHAN REFUGEE GIRLS, IMPACTING 250 YOUTH, AND HEALTH AND HYGIENE SUPPLIES FOR 120 FAMILIES. WE PROVIDED BASIC PROVISION

Name of the organization

MOMS AGAINST POVERTY

20-8865521

FORM 990, PART III - PROGRAM SERVICE

RESOURCES TO THE COMMUNITY AND FUND FOSTER CARE FOR 111 IMPOVERISHED CHILDREN IN CAMBODIA. WE PROVIDED 900 STUDENTS AT 4 PRESCHOOLS IN SENEGAL WITH NUTRITIONAL MEALS FOR THE SCHOOL YEAR, PROVIDED CHILDREN AT A RURAL ORPHANAGES WITH YEAR-ROUND FOOD, WATER, MILK, MEDICINE AND HYGIENE SUPPLIES. WE PROVIDED SANITATION AND BASIC HYGIENE EDUCATION TO STUDENTS IN SIERRA LEONE AND PROVIDED SCHOOL SUPPLIES. WE CONTINUED TO PROVIDE FOR FOOD, BABY FORMULA, MEDICAL EXPENSES OF ORPHANS IN THE PHILIPPINES. WE EXTENDED OUR OUTREACH BY PROVIDING LOCAL FAMILIES WITH RICE. WE PROVIDED FOOD TO 720 IMPOVERISHED CHILDREN IN NEPAL.

LINE 4C, PROGRAM SERVICE

HEALTH CARE & WELLNESS: CONSTRUCTED THREE HEALTHCARE CENTERS IN IRAN, EQUIPPED 184 HEALTHCARE CENTERS IN IRAN, 2 HOSPITALS WERE PROVIDED WITH VITAL OPERATING ROOMS AND BEDSIDE EQUIPMENT IN IRAN, 41 WHEELCHAIRS WERE SUPPLIED TO THE NEEDY AND DISABLED IN IRAN, 10 REFIDGERATORS FOR VACCINE AND SAMPLE PRESERVATION WERE SUPPLIED, CONTINUED PROVIDING TREATMENT ALLOWANCE FOR NEEDY CHILDREN IN IRAN. WE PROVIDED OVER 750 IMPOVERISHED CHILDREN IN SENEGAL WITH FREE HEALTH INSURANCE AND PROVIDED OVER 2,000 CHILDREN WITH FREE MEDICATION AT A COMMUNITY HEALTH CLINIC IN SENEGAL. WE PROVIDED FOR MEDICAL EXPENSES FOR ORPHANS AT AN ORPHANAGE IN THE PHILIPPINES. WE OFFERED MENTAL HEALTH SERVICES TO ORPHANS RESIDING AT OUR PRIVATE ORPHANAGES IN IRAN.

Name of the organization

MOMS AGAINST POVERTY

Employer identification number
20-8865521

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

GERMANY ITALY SENEGAL

SCHEDULE R (Form 990)

Part I

(1)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

(b) Primary activity (c) Legal domicile (state

or foreign country)

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(f) Direct controlling

entity

(e) End-of-year assets

(d) Total income

Name of the organization

MOMS AGAINST POVERTY

20-8865521

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(2)								
_(3)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations dur	ons. Complete if the ing the tax year.	e organi	ization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	· I	(c) egal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
(4)							Yes	No
(1) SHOP AT MAP 30-0782984 851 BURLWAY RD, STE 800 BURLINGAME, CA 94010	SUPPORT CORP		CA	501(C)(3)	SCH A LN 10	N/A		x
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Name, address, and EIN (if applicable) of disregarded entity

Schedule R (Form 990) 2022 MOMS AGAINST POVERTY 20-8865521 Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I cont ent	ction b)(13 trolled
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2022 MOMS AGAINST POVERTY 20-8865521 Page **3**

Yes No

Χ

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)		1b	X
			Х
			Х
			Х
Dividends from related organization(s)		1f	
			X
			X
			X
			X
, —			
k Lease of facilities, equipment, or other assets from related organization(s)		1k	Х
			X
			X
			X
			X
Reimbursement paid to related organization(s) for expenses.		1р	Х
Reimbursement paid by related organization(s) for expenses			Х
y Nombulschion paid by foldica organization(s) for expenses a first firs			
The impursement paid by related organization(s) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
			X
r Other transfer of cash or property to related organization(s)		1r	
		1r 1s	X
Other transfer of cash or property to related organization(s)	transaction th	1r 1s resholds	X X
Other transfer of cash or property to related organization(s)	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s)	transaction th	1r 1s resholds	X X .
Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s)	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) (b) (c) Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) Name of related organization (b) Transaction Transaction type (a - s) Amount involved	transaction th	1r 1s resholds (d)	X X .
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Other transfer of cash or property to related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and (a) (b) (c) Transaction type (a - s) Amount involved	transaction th	resholds (d) d of deteriount invol	X X mining wed
de fghij kamno p	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s). Purchase of assets from related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s). Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s). Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses.	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s), Exchange of assets with related organization(s), Lease of facilities, equipment, or other assets to related organization(s), Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). Sharing of paid employees with related organization(s) for expenses.	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 10 Reimbursement paid to related organization(s) for expenses

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and El	(a) Name, address, and EIN of entity		(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		 (g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
				sections 512 - 514)	Yes	No		Yes	No		Yes	No	
_(1)													
(2)													
(3)													
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.