# **2018 Exempt Org. Return** prepared for:

MOMS AGAINST POVERTY PO BOX 4212 BURLINGAME, CA 94011

Burkland Associates, LLC 325 9th Street San Francisco, CA 94103

### Form **8868**

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automat	ic 6-Month Extension of Time. Only subr	mit origina	al (no copies needed).			
All corpora	tions required to file an income tax return other th 7004 to request an extension of time to file income	an Form 99 tax returns	0-T (including 1120-C filers), partnerships. Enter filer's identi			
	Name of exempt organization or other filer, see instructions.			Employe	er identification	number (EIN) or
Type or						
print	MOMS AGAINST POVERTY			20-8	865521	
File by the						(SSN)
due date for	PO BOX 4212					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	actions.			
instructions.	BURLINGAME, CA 94011					
Enter the F	Return Code for the return that this application is for	or (file a se	parate application for each return)			01
Application	n	Return Code	Application Is For			Return Code
	r Form 000 F7					
Form 990 6	r Form 990-EZ	01	Form 990-T (corporation) Form 1041-A			07
		02				08
Form 4720 Form 990-l	`	03	Form 4720 (other than individual) Form 5227			10
	T (section 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
<ul><li>If the o</li><li>If this i</li></ul>	one No. ► (415) 580-7042  organization does not have an office or place of but s for a Group Return, enter the organization's four this box ► . If it is for part of the group, or	digit Group	e United States, check this box  Exemption Number (GEN) If	this is	for the whol	le group,
the ext	ension is for.					
for the	lest an automatic 6-month extension of time until ge organization named above. The extension is for the $\overline{X}$ calendar year 20 $\underline{18}$ or $\underline{X}$ tax year beginning $\underline{X}$ , 20 tax year entered in line 1 is for less than 12 months and $\underline{X}$ than $\underline{X}$ calendar year entered in line 1 is for less than 12 months and $\underline{X}$ than $\underline{X}$ than $\underline{X}$ is for less than 12 months and $\underline{X}$ than $\underline{X}$ than $\underline{X}$ than $\underline{X}$ is for less than $\underline{X}$ than $\underline{X}$ than $\underline{X}$ than $\underline{X}$ is for less than $\underline{X}$ that $\underline{X}$ than	organization	's return for:	zation re		
nonre	s application is for Forms 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions.			3 a	\$	0.
<b>b</b> If this tax p	s application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b	\$	0.
EFTF	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions	S	3 c		0.
Caution: If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	53-EO	and Form 8	879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	he 2018 calen	dar year, or tax	year begin	ning		, 20°	18, an	ıd endin	g		,		
В	Check	if applicable:	С								D Employ	er identifi	ication number	
	A	ddress change	MOMS AGAIN	UCT POV	ERTY						20-	88655	21	
		ame change	PO BOX 421		DIVII						E Telepho			
		-	BURLINGAME		4011						· ·			
	In	itial return	BONDINGINI	1, 011 3	1011						(41	5) 58	0-4702	
	Fir	nal return/terminated												
	Aı	mended return									<b>G</b> Gross r	eceipts \$	1,157	,768.
	A	pplication pending	F Name and addre	ess of principa	l officer: DFT	FADIR F	TANATE			H(a) Is this	a group retur	n for subo	ordinates? Yes	X No
			SAME AS C	ABOVE	בנוט	II III(ID I	111/1711			H(b) Are all If "No,"	subordinates	included:	? Yes	No
$\overline{}$	Tay	exempt status:	X 501(c)(3)	501(c) (	) <b>∢</b> (i	nsert no.)	4947(a)(1)	\ nr	527	It "No,"	attach a list	. (see inst	ructions) —	_
<u>;</u>		· · · · · · · · · · · · · · · · · · ·	W.MOMSAGAI				4347 (a)(1)	, 01						
								1		H(c) Group	·			
K		n of organization:	X Corporation	Trust	Association	Other ►		L Year	r of formati	ion: 2008	8 IWIS	State of leg	gal domicile: CA	7
Pa	art I	Summar												
	1		be the organizat								<u>VERTY                                    </u>	<u>HAS F</u>	ROVIDED	
ø		SHELTER,	FOOD, AND	EDUCA'	rion to	THOUSAN	IDS OF I	<u>NEED</u>	Y CHI	LDREN				
2														
Ĕ														
Š	2	Check this bo	ox ► if the o	organizatio	n discontinu	ed its opera	ations or d	ispose	ed of mo	ore than 2	5% of its	net ass	ets.	
ŏ	3	Number of vo	oting members o	of the gover	ning body (	Part VI, line	e 1a)					3		6
•გ	4	Number of in	dependent votin	g members	s of the gove	erning body	(Part VI, I	ine 11	b)			4		0
<u>:</u>	5	Total number	r of individuals e	mployed ir	calendar y	ear 2018 (P	art V, line	2a)				5		6
Activities & Governance	6	Total number	r of volunteers (e	estimate if	necessary).							6		0
Aci	7a	Total unrelate	ed business reve	enue from l	Part VIII, co	lumn (C), li	ne 12					7a		0.
		Net unrelated	d business taxab	le income	from Form 9	990-T, line 3	38					7b		0.
											rior Year		Current Y	ear
	8	Contributions	and grants (Pa	rt VIII. line	1h)						,181,8	277		,569.
ne	9		vice revenue (Pa								, 101,	,,,,	131	, 505.
el el	10		ncome (Part VIII,											
Revenue	11		ie (Part VIII, colu		•						56,3	0 = 0	166	,074.
_	12		e – add lines 8 t								.,238,2			
														,643.
	13		imilar amounts p	-			-				591,3	362.	972	<u>,901.</u>
	14													
G	15	Salaries, other	, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ldots$										148	,555.
Se	16a	Professional	al fundraising fees (Part IX, column (A), line 11e)											
Expenses	h	Total fundrais	sing expenses (F	Part IX col	umn (D) lir	ne 25) ►								
爫	17		ses (Part IX, colu								222 1	21	110	700
	17		•			-					222,1			<u>,728.</u>
	18		es. Add lines 13								813,4		1,240	<u>,184.</u>
	19	Revenue less	s expenses. Sub	tract line 1	8 from line	12					424,7	742.	-276	,541.
5 g										Beginnin	ng of Currer	nt Year	End of Ye	ear
ets	20	Total assets	(Part X, line 16).								570,0	)51.	280	,020.
Ass	21	Total liabilitie	es (Part X, line 2	26)							27,3			,893.
Net Assets Fund Baland	22	Net assets or	r fund balances.	Subtract li	ne 21 from	line 20					542,6			,127.
	art II	Signatur								•	342,0	,,,,,	200	, 12 / .
com	er penal plete. D	Ities of perjury, I de eclaration of prepa	eclare that I have exar arer (other than officer	mined this retu r) is based on	irn, including ac all information o	companying sci of which prepare	hedules and st er has any kno	atemen wledge	its, and to i	the best of m	iy knowledge	and belie	f, it is true, correc	t, and
		Signatu	ire of officer							Da	to			
Sig	gn	Signatu	are or officer											
He	re		FARIB FANA	IE						PRES1	IDENT			
		Type or	r print name and title											
		Print/Type p	oreparer's name		Preparer's sig	nature		D	ate		Check	if F	PTIN	
Pa	id	ARDY F	ESMAEILI, (	CPA	ARDY ES	SMAEILI,	CPA				self-employ	ed F	201702204	
	iu epar						<b>UL 11</b>	ı				. 11	31,02201	
He	e Or	.1		'										
US	UI	Firm's addre		325         9TH         STREET         Firm's EIN         ► 27-3835270										
				RANCISCO							Phone no.	415-	944-8215	
Ma	y the	IRS discuss th	nis return with th	e preparer	shown abov	ve? (see ins	structions)						X Yes	No

ı ai	Check if Schedule O contains a response or note to any line in this F	Part III				П
1						<u></u>
•	MOMS AGAINST POVERTY. TO PROVIDE HELP TO NEEDY	CHILDREN THROUGE	OUT THE	WORT	).	
2	Did the organization undertake any significant program services during the year w					
	Form 990 or 990-EZ?			· . 📙 '	Yes X	No
	If "Yes," describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how If "Yes," describe these changes on Schedule O.	it conducts, any program	services?		Yes X	No
4	Describe the organization's program service accomplishments for each of its Section 501(c)(3) and 501(c)(4) organizations are required to report the and revenue, if any, for each program service reported.	s three largest program so ount of grants and allocat	ervices, as r ions to othe	neasured rs, the to	d by expe tal exper	nses. ises,
/1 2	a (Code: ) (Expenses \$ 1,088,565. including grants of	\$	(Revenue	Ś	963,6	( 0.1
<b>-</b> + a	HELPING UNDERPRIVILEDGED CHILDREN AROUND THE WO					
4 b	<b>b</b> (Code:) (Expenses \$ including grants of	\$)	(Revenue	\$		)
4 c	c (Code: ) (Expenses \$ including grants of	\$ )	(Revenue	\$		)
4 d	d Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$	) (Revenue	\$		)	
/1 0	e Total program service expenses ► 1 088 565					

## Form 990 (2018) MOMS AGAINST POVERTY 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, 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	11 a	Х	
t	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.	11 b		Х
c	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.	11 c		Х
C	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.	11 d	Χ	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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

# Form 990 (2018) MOMS AGAINST POVERTY Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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	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		Х
ı	s 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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		Х
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
3AA	TEEA0104L 08/03/18	Form	990 (	(2018)

Form 990 (2018) MOMS AGAINST POVERTY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 6		V	
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
2.	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a bit dire organization have difficiated business gross meetine of \$1,000 of more during the year.  If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b		- 21
	a 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)?			Х
	o If 'Yes,' enter the name of the foreign country: ►	4 a		Λ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a 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?	6 a		Х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	Х	
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	_		v
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/ 1		Λ
	as required?	7 g		
-	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	_		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	12.		
•	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	·			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		<u> </u>
	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 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?  If 'Yes,' complete Form 4720, Schedule O.	16		Х
	ii 100, complete i viili <del>1</del> 720, ochodule O.			

Form 990 (2018) MOMS AGAINST POVERTY 20-8865521 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ...... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 in Schedule O...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ...... 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA DC NY VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website X Other (explain in Schedule O) SEE SCH. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

SAN FRANCISCO CA 94103 (415) 580-7042

DELFARIB FANAIE 1337 FOLSOM STREET

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

Check if Schedule O contains a response or note to any line in this Part VII.....

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) DELFARIB FANAIE 40 PRESIDENT 0 0 Χ Χ 48,000 0. (2) LADAN JUDGE 40 0 TREASURER Χ Χ 42,000 0 0. (3) YASAMIN SHAMSHIRI 40 0. **SECRETARY** 0 Χ Χ 36,000 0 (4) NOOSHIN HAKIMI 0.5 DIRECTOR 0 Χ Χ 0 0 0. (5) MARYAM REFAHI 0.5 DIRECTOR 0 Χ 0 0. 0. (6) FATEMEH WINANS 0.5 DIRECTOR 0 Χ 0. Χ 0 0. (7) (8) (9) (10) (11)(12)(13)(14)

Part VII   Section A. Officers, Directors, Tru	(B)	Key	Em	iplo (C	_	es,	and	Highest Con	pensated Empl	oyees	(conti	nued)
(A) Name and title	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 organization	(E)  Reportable compensation from related organizations	amou	(F) stimated unt of oth pensation	her				
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1ŏ99-MISC)	(W-2/1099-MISC)	fi org an	om the anization d related anization	n d
<u>(15)</u>												
(16)												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
<u>(20)</u>												
(21)												
(22)												
(23)												
<u>(24)</u>												
(25)												
1 b Sub-total							<b>&gt;</b>	126,000.	0.			0.
c Total from continuation sheets to Part VII, Section							<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited	to those I	isted	abo\	ve) \	who	recei	ved	126,000. more than \$100,00	0. 0 of reportable comp	ensatio	า	0.
from the organization • 0											Yes	No
3 Did the organization list any <b>former</b> officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h <i>individu</i>	ıstee, ıal	key	em	nplo <u>y</u>	ee,	or h	nighest compensa	ted employee	3		X
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le co 50,00	mpe 30?	ensa If '}	ition <i>es,</i>	and com	oth	er compensation te Schedule J for	from	4		37
<ul><li>such individual</li><li>5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes</li></ul>	e comper	nsatio	n fr	om	anv	unre	late	ed organization or	individual			X
Section B. Independent Contractors												Λ
Complete this table for your five highest compensormensation from the organization. Report compensation.	sated ind sation for	epen the c	dent alen	t coi dar <u>i</u>	ntra year	ctors endi	tha ng v	t received more to with or within the or	han \$100,000 of ganization's tax year.			
(A) Name and business addr	ess							Description (	of services	Compe	C) nsatio	n
											-	
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ited to	o tho	se I	listed	d abo	ve)	who received more	than			

## Form 990 (2018) MOMS AGAINST POVERTY Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part V	III		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	707.560			
<u>ੂੰ ਵ</u>	n	Total. Add lines 1a-1f	797,569.			
JE .	_	Business Code				
Program Service Revenue	2a b c d e f					
	3	Investment income (including dividends, interest and				
	4	other similar amounts)				
	b	Gross rents  Less: rental expenses  Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
		Less: cost or other basis and sales expenses				
		Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$\frac{144,289}{0}\$. of contributions reported on line 1c).  See Part IV, line 18				
er	b	Less: direct expenses b 194,125.				
౼		: Net income or (loss) from fundraising events	166,074.			
•	9 a	Gross income from gaming activities. See Part IV, line 19	10070711			
		Less: direct expenses b				
	С	: Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11 a					
	b	` <del> </del>				
	C					
		I All other revenue				
		Total. Add lines Tra-Tru	0.00	-		-
	12	<b>Total revenue.</b> See instructions	963.643	0 .	0	0

#### 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 i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	89,338.	89,338.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	883,563.	883,563.		
4 5	Benefits paid to or for members	·	·	F2 F70	0
6	trustees, and key employees	126,000.	73,430.	52,570. 0.	0.
7	Other salaries and wages	15,050.	0.	15,050.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	=5,0000		==,,===	
9	Other employee benefits				
10	Payroll taxes	7,505.	2,758.	4,747.	
	Fees for services (non-employees):				
а	Management				
	Legal				
	: Accounting	55,518.		55,518.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
g	Investment management fees				
12	Advertising and promotion	42,430.	39,476.	2,954.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,782.		2,782.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	204.		204.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	790.		790.	
23	Insurance	7,046.		7,046.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SOFTWARE/DOMAIN LICENSES	3,268.		3,268.	
	SHIPPING, FREIGHT & DELIVERY	1,377.		1,377.	
	DONOR APPRECIATION	1,112.		1,112.	
	PAYROLL FEE	1,040.		1,040.	
e	All other expenses	3,161.		3,161.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,240,184.	1,088,565.	151,619.	0.
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)				

### Part X Balance Sheet

1   Cash - non-interest-bearing.   532, 857.   1   202,797.			Check if Schedule O contains a response or note to any line in this Part X			
2   Savings and temporary cash investments.   2   3				(A) Beginning of year		<b>(B)</b> End of year
2   2   3   3		1	Cash – non-interest-bearing.	532,857.	1	202,797.
A   Accounts receivable, net   2,000.   4   2,000.		2	Savings and temporary cash investments		2	·
Section   10   10   10   10   10   10   10   1		3	Pledges and grants receivable, net		3	
1		4	Accounts receivable, net	2,000.	4	2,000.
Section 2580   Composition		5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	·
7   Notes and loans receivable, net.   24,329, 8   11,230.		6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   10b   3,191.   1,548.   10c   18,958.   11   Investments — publicly traded securities.   11   Investments — publicly traded securities.   11   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — program-related. See Part IV, line 11.   12   Investments — program-related. See Part IV, line 11.   13   Investments — program-related. See Part IV, line 11.   1,020.   15   31,785.   16   Total assets.   34   Intangible assets.   14   Intangible assets.   14   Intangible assets.   16   Total assets. Add lines 1 through 15 (must equal line 34).   570,051.   16   280,020.   17   Accounts payable and accrued expenses.   17   1,500.   18   Intangible assets.   18   Intangible assets.   19   Intangible assets.   20   Intangible assets.   20   Intangible assets.   21   Intangible assets.   22   Intangible assets.   22   Intangible assets.   23   Intangible assets.   24   Intangible assets.   25,000.   24   Int	S	7			7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   10b   3,191.   1,548.   10c   18,958.   11   Investments — publicly traded securities.   11   Investments — publicly traded securities.   11   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — program-related. See Part IV, line 11.   12   Investments — program-related. See Part IV, line 11.   13   Investments — program-related. See Part IV, line 11.   1,020.   15   31,785.   16   Total assets.   34   Intangible assets.   14   Intangible assets.   14   Intangible assets.   16   Total assets. Add lines 1 through 15 (must equal line 34).   570,051.   16   280,020.   17   Accounts payable and accrued expenses.   17   1,500.   18   Intangible assets.   18   Intangible assets.   19   Intangible assets.   20   Intangible assets.   20   Intangible assets.   21   Intangible assets.   22   Intangible assets.   22   Intangible assets.   23   Intangible assets.   24   Intangible assets.   25,000.   24   Int	sei	8	Inventories for sale or use	24,329.	8	11,230.
10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   10b   3,191   1,548   10c   18,958   11   Investments – publicly traded securities.   11   1   12   Investments – other securities. See Part IV, line 11   12   Investments – other securities. See Part IV, line 11   13   13   14   Intangible assets.   14   13   Intangible assets.   14   15   Other assets. See Part IV, line 11   1   1,020   15   31,785   16   Total assets. Add lines 1 through 15 (must equal line 34)   570,051   16   280,020   17   Accounts payable and accrued expenses   17   1,500   18   Grants payable and accrued expenses   18   19   Deferred revenue   19   20   21   22   Escrow or custodial account liabilities   20   21   22   22   23   24   Unsecured notes and lonar payable to unrelated third parties   23   25   Other liabilities (including federal income tax, payables or related third parties   25   000   24   25   Other liabilities inclincluding federal income tax, payables to related third parties   25   07,383   25   12,393   26   13,893   27,383   26   27,383   26   27,383   26   27,383   27   266,127   28   Temporarily restricted net assets   28   Permanently restricted net assets   28   Permanently restricted net assets   29   Permanently restricted net assets   28   Permanently restricted net assets   29   Permanently restricted net assets   28   Permanently restricted net assets   29   Permanently restricted net assets   28   Permanently restricted net assets   29   P	As	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation.		10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	•		
11   Investments = publicly traded securities   11   12   12   12   12   13   Investments = other securities. See Part IV, line 11   13   14   Intangible assets   14   15   15   16   16   16   17   16   17   17   17		b	Less: accumulated depreciation. 10b 3 19	1 1 548	10 c	18 958
12   Investments — other securities. See Part IV, line 11.					<del>                                     </del>	10,300.
13   Investments — program-related. See Part IV, line 11.		12	·		12	
14		13			13	
15 Other assets. See Part IV, line 11.		14	·		14	
16   Total assets. Add lines 1 through 15 (must equal line 34).   570,051, 16   280,020.     17   Accounts payable and accrued expenses.   17   1,500.     18   Grants payable   18   18     19   Deferred revenue.   19   20     20   Tax-exempt bond liabilities.   20   21     21   Escrow or custodial account liability. Complete Part IV of Schedule D.   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.   22   23   24   25   25   25   27   26   27   27   28     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities on tincluded on lines 17-24). Complete Part X of Schedule D.   2,383   25   12,393     26   Total liabilities. Add lines 17 through 25.   27,383   26   13,893     27   Unrestricted net assets.   28   27   266,127     28   Temporarily restricted net assets.   28   29   29     29   Permanently restricted net assets.   29   29     29   Permanently restricted net assets.   29   29     20   Organizations that do not follow SFAS 117 (ASC 958), check here   29   29     29   Permanently restricted net assets.   29   29     20   Tatl and complete lines 30 through 34   30   20   20   20   20   20   20   20					15	31 785
17				_, -,		
18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Escrow or custodial account liability. Complete Part IV of Schedule D.   21		17	Accounts payable and accrued expenses			
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2, 383. 25 12, 393. 26 Total liabilities. Add lines 17 through 25. 27, 383. 26 13, 893. Organizations that follow SFAS 117 (ASC 958), check here Inines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 Apaid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Apaid-in or capital surplus, or land, building, or equipment fund. 31 Apaid-in or capital surplus, or land, building, or equipment funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus		18	Grants payable		18	,
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances.  24 Unsecured notes and loans payable to unrelated third parties. 25, 000. 24 25, 000. 24 25, 000. 24 25, 000. 27, 383. 25 12, 393. 26 13, 893.  27, 383. 26 13, 893.  26 27, 383. 26 13, 893.  27, 383. 26 13, 893.  28 29 266, 127.		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances.  24 Unsecured notes and loans payable to unrelated third parties. 25, 000. 24 25, 000. 24 25, 000. 24 25, 000. 27, 383. 25 12, 393. 26 13, 893.  27, 383. 26 13, 893.  26 27, 383. 26 13, 893.  27, 383. 26 13, 893.  28 29 266, 127.	es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances.  24 Unsecured notes and loans payable to unrelated third parties. 25, 000. 24 25, 000. 24 25, 000. 24 25, 000. 27, 383. 25 12, 393. 26 13, 893.  27, 383. 26 13, 893.  26 27, 383. 26 13, 893.  27, 383. 26 13, 893.  28 29 266, 127.	abiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		22	
24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  25,000. 24  27,383. 25  27,383. 26  12,393.  27,383. 26  13,893.  26,127.  28 Jand complete lines 27 through 29, and lines 33 and 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.		23			<b>.</b>	
Total liabilities. Add lines 17 through 25. 27, 383. 25 12, 393. 26 13, 893. 27 Total liabilities. Add lines 17 through 25. 27, 383. 26 13, 893. 26, 127. 28, 27, 28, 27, 28, 28, 28, 29, 28, 29, 29, 29, 29, 29, 29, 29, 29, 29, 29					1 1	
26 Total liabilities. Add lines 17 through 25.     27, 383. 26     13, 893.       Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.       27 Unrestricted net assets.     542, 668. 27     266, 127.       28 Temporarily restricted net assets.     29       Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.       30 Capital stock or trust principal, or current funds.     30 Paid-in or capital surplus, or land, building, or equipment fund.     31 Paid-in or capital surplus, or land, building, or equipment funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained earnings, endowment, accumulated income, or other funds.     32 Patained			· ·	==7,000		12 202
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26		·		
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶  and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  542,668.  27 266,127.  28  542,668.  30  542,668.  31  542,668.  32  542,668.  33  266,127.						13,073.
Temporarily restricted net assets.  Temporarily restricted net assets.  Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  542, 668. 27  266, 127.  266, 127.	es		lines 27 through 29, and lines 33 and 34.			
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Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  29  29  29  29  29  29  29  29  29  2	ala	28				200/22:1
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  570.051.34  280.020.	8	29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 36 State of the state	r Fun					
Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  570.051.34	S	30			30	
WE WITH TWO INTERPRETATION AND TWO INTERPRETATION AN	Set		·		<del>                                     </del>	
33       Total net assets or fund balances       542,668.       33       266,127.         34       Total liabilities and net assets/fund balances       570.051.       34       280.020.	Asi				<del></del>	
34 Total liabilities and net assets/fund balances. 570.051.34 280.020.	et				<u> </u>	266.127
	z				1	280,020.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9(	63,6	43.
2	Total expenses (must equal Part IX, column (A), line 25).	2		1,2	40,1	84.
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	76,5	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			42,6	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2.0	66,1	27.
Pa	rt XII   Financial Statements and Reporting	L			00,1	
	Check if Schedule O contains a response or note to any line in this Part XII					
	Check it Schedule of Contains a response of note to any line in this rare Air.				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		П		163	NO
•			— 1			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a	a			
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis					
						37
	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite				
	Separate basis Consolidated basis Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2		
	·			2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
!	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits  TEEA0112L 08/03/18			3 b	200	2015:
BAA	I TEEAUTZL US/03/18			Form	990 (	2018)

#### SCHEDULE A (Form 990 or 990-EZ)

#### **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.

OMB No. 1545-0047 2018

Open to Public Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number MOMS AGAINST POVERTY 20-8865521 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 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 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 in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E)

Total

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

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

Sec	tion A. Public Support				•				
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').								
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
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)								
6	<b>Public support.</b> Subtract line 5 from line 4								
Sec	tion B. Total Support		•	•	•				
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ		structions)			12			
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	hird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶∏		
Sec	tion C. Computation of Pu	blic Support P	ercentage				<u> </u>		
14	Public support percentage for 20	018 (line 6, colum	n (f) divided by li	ne 11, column (f))	)	14	%		
15	Public support percentage from	2017 Schedule A,	Part II, line 14.			15	%		
16a	<b>33-1/3% support test—2018.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the l	box on line 13, an	d line 14 is 33-1/3	3% or more, check	this box		
b	and stop here. The organization qualifies as a publicly supported organization.  b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17a	10%-facts-and-circumstances to more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	es' test, check this	box and stop her	re. Explain in Part	VI how		
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	est—2017. If the or meets the 'facts-a d-circumstances'	rganization did no and-circumstance test. The organiz	ot check a box on es' test, check this ation qualifies as	line 13, 16a, 16b, box and <b>stop he</b> r a publicly support	, or 17a, and line re. Explain in Part ted organization.	15 is 10% VI how the		
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►		

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								
Calend	lar year (or fiscal year beginning in) >	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.))	590,909.	727,900.	746,766.	884,428.	603,444.	3,553,447.		
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.	330,303.	727,300.	740,700.	001,120.	003,111.	0.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	590,909.	727,900.	746,766.	884,428.	603,444.	3,553,447.		
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.	0.	0.	0.	0.	0.	0.		
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	3,553,447.		
Sec	tion B. Total Support								
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total		
9	Amounts from line 6	590,909.	727,900.	746,766.	884,428.	603,444.	3,553,447.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.		
С	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	205,240.	148,431.	174,549.	278,263.	360,199.	1,166,682.		
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	796,149.	876,331.	921,315.	1,162,691.	963,643.	4,720,129.		
	First five years. If the Form 990 organization, check this box and	stop here							
	tion C. Computation of Pul					1 1			
	Public support percentage for 20	•					75.28 %		
	Public support percentage from 2					16	81.03 %		
	tion D. Computation of Inv								
	Investment income percentage for	•		-			0.00 %		
	Investment income percentage fr						0.00 %		
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	as a publicly suppo	orted organization	► <u>X</u>		
	<b>33-1/3% support tests—2017.</b> If t line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	e organization qu	alifies as a publicl	y supported orgai	nization ►		
20	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶								

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in 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 <b>Part VI</b> .	9с		
0 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)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele	ect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	direct	e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.	1		
2	Did th	he organization operate for the benefit of any supported organization other than the supported organization(s)			
	bene	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	- ' '	C. Type II Supporting Organizations			
		71 11 3 3		Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the	1		
Saa		orting organization was vested in the same persons that controlled or managed the supported organization(s).	•		
Sec	uon	D. All Type III Supporting Organizations		Yes	No
				163	140
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	ilization's governing documents in effect on the date of notification, to the extent not previously provided?	'		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how				
	the o	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re voice	eason of the relationship described in (2), did the organization's supported organizations have a significant enter in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	, Ħ +	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	: 🗍 т	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	orgai	orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more of			
		organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2018 MOMS AGAINST POVERTY		20-88	65521	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	v. 20, 1970 (explain ir t complete Sections A	Part VI). <b>See</b> through E.	
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Currer (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for shortax year or assets held for part of year):	rt			
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e 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 1-1/2% 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 .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

Schedule A (Form 990 or 990-EZ) 2018

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

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D – Distributions Cur						
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in <b>Part VI</b> ). See instructions.					
7	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
RAA		Schodulo A (Fo	rm 000 or 000 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2018

20-8865521

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.)

#### **PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE		2018		2017		2016	_	2015		2014
FUNDRAISING TOT.	\$ L\$	360,199. 360,199.	<u>\$</u> \$	278,263. 278,263.	<u>\$</u> \$		<u>\$</u> \$	148,431. 148,431.	\$ \$	205,240. 205,240.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

MOMS AGAINST POVERTY			20-8865521
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter	number) organization	
	4947(a)(1) nonexemp	t charitable trust <b>not</b> treated as	a private foundation
	527 political organizat	tion	
Form 990-PF	501(c)(3) exempt priv	ate foundation	
	4947(a)(1) nonexemp	t charitable trust treated as a p	rivate foundation
	501(c)(3) taxable privi		Trate foundation
	501(c)(5) taxable priv	ate louridation	
Check if your organization is covered by the	e General Rule or a Special Rule.		
<b>Note:</b> Only a section 501(c)(7), (8), or	(10) organization can check boxes	for both the General Rule and	a Special Rule. See instructions.
General Rule			
X For an organization filing Form 990 property) from any one contributor.	), 990-EZ, or 990-PF that received, Complete Parts I and II. See instr	during the year, contributions t uctions for determining a contr	otaling \$5,000 or more (in money or ibutor's total contributions.
Special Rules			
For an organization described in se under sections 509(a)(1) and 170(b)(1 received from any one contributor, Form 990, Part VIII, line 1h; or (ii)	D(A)(vi), that checked Schedule A (Fo	orm 990 or 990-EZ). Part II. line 1	3. 16a. or 16b. and that
For an organization described in seduring the year, total contributions purposes, or for the prevention of contributor name and address), II, and the prevention of the preven	cruelty to children or animals. Com	orm 990 or 990-EZ that receive r religious, charitable, scientific plete Parts I (entering 'N/A' in o	ed from any one contributor, , literary, or educational column (b) instead of the
For an organization described in se during the year, contributions exclu \$1,000. If this box is checked, ente charitable, etc., purpose. Don't com it received nonexclusively religious,	usively for religious, charitable, etc. or here the total contributions that we onplete any of the parts unless the <b>C</b>	, purposes, but no such contrib vere received during the year fo <b>General Rule</b> applies to this org	outions totaled more than or an <i>exclusively</i> religious, ganization because
<b>Caution:</b> An organization that isn't cove 990-PF), but it <b>must</b> answer 'No' on Pa Part I, line 2, to certify that it doesn't m	art IV. line 2. of its Form 990: or ch	eck the box on line H of its For	m 990-EZ or on its Form 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

1 Employer identification number

20-8865521 MOMS AGAINST POVERTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAMANEH & SIAVASH TAHBAZOF		Person X  Payroll
	245 WOODSIDE DRIVE	\$100,000.	Noncash
	WOODSIDE, CA 94062		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FARAJ AALAEI & SUSAN AKBARPOUR		Person X  Payroll
	43 FLOOD CIRCLE	\$33,000.	Noncash
	ATHERTON,, CA 94027		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BAY AREA HOPE - OMEED GROUP		Person X  Payroll
	88 KING STREET, #321	\$ 60,000.	Noncash
	SAN FRANCISCO, CA 94107		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOBAK_BAKHTIARI	-	Person X
4	BOBAK BAKHTIARI  1199 EL CAMINO REAL,	\$ <u>15,000</u> .	Person X Payroll Noncash
4			Payroll
4 (a) Number	1199 EL CAMINO REAL,		Payroll Noncash Complete Part II for
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  (b)	(c) Total	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person X
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI	(c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,	(c) Total contributions	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026	(c) Total contributions  \$10,000.	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (Type of contributions.)  Type of contribution
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026  Name, address, and ZIP + 4	(c) Total contributions  \$10,000.	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026  Name, address, and ZIP + 4  MEHRDAD & NEDA ELIE	(c) Total contributions  \$10,000.  (c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll  Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)						
Name of o	rganization					
MOMS	AGAINST	POVERTY				

2 Employer identification number

20-8865521

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	FARHANG KHOSROVI KORDESTANI FOUNDAT	-	Person X Payroll
	5265 BLACKHAWK DR	\$10,000.	Noncash
	DANVILLE,, CA 94506	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NAZILA HABIBIZAD & SHAHAB SADAT-TEH		Person X Payroll
	445 27TH AVE	\$10,000.	Noncash
	SAN MATEO, CA 94403	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HAMIDEH NOURI & NADER HEYDAYIAN	-	Person X Payroll
	300 BARBARA WAY	\$10,000.	Noncash
	HILLSBOROUGH,, CA 94010	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4  THE NASIRI FOUNDATION	(c) Total contributions	Person X
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION	(c) Total contributions  \$15,000.	
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION	\$15,000.	Person X Payroll
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.	\$15,000.	Person X Payroll Noncash  (Complete Part II for
1 <u>0</u> _	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  (b)	\$ 15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  (b)  Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
10 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  (b)	\$15,000.  \$15,000.  (c)     Total contributions  \$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)
10 _ (a) Number  11 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  Name, address, and ZIP + 4	\$15,000.  \$15,000.  (c)     Total contributions  \$10,000.	Person X Payroll
10 _ (a) Number  11 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  Name, address, and ZIP + 4  YOSEF TAHBAZOF	\$ 15,000.  (c) Total contributions  \$ 10,000.	Person X Payroll

Schedule B (Form 990,	990-E∠, or	990-PF)	(2018)
Name of organization			

Employer identification number

MOMS AGAINST POVERTY

20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	Total	Type of contrib

Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u> _	ROYA ANSARI  188 MESA VERDE WAY	\$ <u>5,000</u> .	Person X Payroll Noncash
	SAN CARLOS, CA 94070		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	REZA AKHAVAIN		Person X Payroll
	95 LENNOX	\$ <u>5,000.</u>	Noncash
	IRVINE,, CA 92612		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	NARGES BANIASADI 712 HARVARD AVE	\$ <u>5,000.</u>	Person X  Payroll   Noncash
	MENLO PARK, CA 94025		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	ALI TEHRANCHI		Person X Payroll
	389 1ST ST	\$ <u>5,000</u> .	Noncash
	LOS ALTOS, CA 94022		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	COMERICA		Person X Payroll
	TWO EMBARCADERO CENTER, SUITE	\$ <u>5,</u> 500.	Noncash
	SAN FRANCISCO, CA 94111		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	ALI (ED) HADAD		Person X Payroll
	700 S. BERNARDO AVE, #103	\$5,000.	Noncash
	SUNNYVALE, CA 94087		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

4

Name of organization				
MOMS	AGAINST	POVERTY		

Employer identification number

20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	SUFI & BAHADOR  625 WOODSIDE DRIVE  WOODSIDE,, CA 94062	\$5,000.	Person X Payroll  Noncash  (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	F. OR A. HARIRI  1169 TRINITY DRIVE  MENLO PARK, CA 94025	\$17,800.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	JHF CONSTRUCTION  124 MONTECITO CRESCENT  WALNUT CREEK, CA 94598	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	FARHAD TAGHIBAKHSH		Person X Payroll
	19507 STEVENS CREEK BLVD, STE  CUPERTINO,, CA 95014	\$ <u>5,920.</u>	Noncash (Complete Part II for noncash contributions.)
(a) Number		\$ 5,920.  (c)  Total  contributions	Noncash (Complete Part II for
(a)	CUPERTINO,, CA 95014	(c) Total	Noncash (Complete Part II for noncash contributions.)
(a) Number	CUPERTINO,, CA 95014  Name, address, and ZIP + 4  HAMED KHAKBAZ  8 WEST HARBOR DRIVE	(c) Total contributions	Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for

Name of organization

MOMS AGAINST POVERTY

Employer identification number

20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	FARANGIS OSTOWARI  200 AVILA AVE  SAN MATEO, CA 94402	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	KOOROSH OSTOWARI  78 HARRISON AVE  SAUSALITO,, CA 94965	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	QUEST_REAL_ESTATE  1201 HOWARD AVENUE, SUITE 102  BURLINGAME,, CA 94010	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT	Total contributions  \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR	contributions -	Person X Payroll  Noncash  (Complete Part II for
28	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  (b)	\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
28_ (a) Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  Name, address, and ZIP + 4  SIA CONSULTING  1256 HOWARD STREET	\$ 5,000.	Person X Payroll
(a) Number  29 _  (a) Number  30 _	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  Name, address, and ZIP + 4  SIA CONSULTING  1256 HOWARD STREET  SAN FRANCISCO, CA 94103	\$5,000.  (c) Total contributions  \$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)

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CONCAGIO B (FORM)	30, 330 22, 01 330 1 1) (2010)
Name of organization	
MOMS AGAINST	POVERTY

Employer identification number 20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	NOUSHIN ZARKESH  588 BELL ST, UNIT 2306S  SEATTLE,, WA 98121	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MANA KHARRAZI  1068 LYMOOR DRIVE  ATLANTA, GA 30319	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NARGES BANIASSADI 712 HARVARD AVE MENLO PARK, CA 94025	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
	4.5		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4  SIMA_TALAI	(c) Total contributions	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE	contributions	Person X Payroll Noncash  (Complete Part II for
34_ (a)	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE  SAN FRANCISCO, CA 94116  (b)	\$ 5,100.	Type of contribution  Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
34_ (a)	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE  SAN FRANCISCO, CA 94116  (b)	\$ 5,100.	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

1

Name of organization

MOMS AGAINST POVERTY

20-8865521

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N	I/A	. – – –	
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·   ·   ·   ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·   ·   ·   ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· ·	
		Schedule B (Form 990, 990-F	

Schedule B (Form 990, 990-EZ, or 990-PF) (20				
Name of organization				
	MOMS ACATNOT DOVERTY			

Employer identification number 20-8865521

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transferee's name, address, and ZIP + 4  Re			ationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of trans		ationship of transferor to transferee		

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	MOMS AGAINST POVERTY			20-8865521	
Par	է   Organizations Maintaining Dono				
	Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line 6	j.	
		(a) Donor advised	funds	(b) Funds and other accou	unts
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 dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in don control?	or advised funds	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor	, or for any other p	urpose conferring	□No
Par					
Fai	Complete if the organization answers	wered 'Yes' on Form 990	Part IV line 7	7	
1	Purpose(s) of conservation easements held by			•	
•	Preservation of land for public use (e.g., r	, , ,		a historically important land are	а
	Protection of natural habitat	,		a certified historic structure	
	Preservation of open space	L			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation con	tribution in the form	of a conservation easement on the	e
				Held at the End of the	Tax Year
	a Total number of conservation easements			= **	
	Total acreage restricted by conservation ease				
•	Number of conservation easements on a certification	fied historic structure included	in (a)	. 2c	
(	d Number of conservation easements included in structure listed in the National Register			. 2d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished,	or terminated by the	e organization during the	
4	Number of states where property subject to conse	ervation easement is located <b>&gt;</b>			
5	Does the organization have a written policy re and enforcement of the conservation easemer				No
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violations	, and enforcing cons	servation easements during the year	ar
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and	l enforcing conserva	tion easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of sect	ion 170(h)(4)(B)(i) <b>Yes</b>	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its r to the organization's financial s	evenue and expense statements that des	e statement, and balance sheet, ar scribes the organization's accou	nd nting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical wered 'Yes' on Form 990	<b>Treasures, or C</b> , Part IV, line 8	Other Similar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	n, or research in furt	ue statement and balance sheet cherance of public service, provide,	works of
ı	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furthera	ance of public service, provide the	ks of art,
	(i) Revenue included on Form 990, Part VIII,				
	(ii) Assets included in Form 990, Part X			▶\$	
	amounts required to be reported under SFAS	116 (ASC 958) relating to thes	e items:		
	a Revenue included on Form 990, Part VIII, line				
I	Assets included in Form 990, Part X			<b>≻</b> \$	

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (cont	inued)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition	<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization	s exempt purpose in		
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	organization's collection	?	Yes	No
Escrow and Custodial Arranger line 9, or reported an amount on	<b>nents.</b> Complete if t i Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	rm 990, I	⊃art IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes	□No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a					
	·			Amount	
c Beginning balance			1c		
<b>d</b> Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance					
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.			- 1		H
, ,	'	•			Ш
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	orm 990, Part IV, Iir	ne 10.	
(a) Current					years back
1 a Beginning of year balance					
<b>b</b> Contributions					
C Not investment cornings, going					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentage of the curre	ent year end balance (lir	ne 1g, column (a)) held	as:	•	
a Board designated or quasi-endowment ▶	%				
<b>b</b> Permanent endowment ►	5				
c Temporarily restricted endowment ►	%				
The percentages on lines 2a, 2b, and 2c should e	egual 100%.				
			.l		
<b>3 a</b> Are there endowment funds not in the possessior organization by:	of the organization that a	are neid and administered	a for the	Ye	es No
(i) unrelated organizations				3a(i)	
(ii) related organizations				3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the related organiza				. 3b	
4 Describe in Part XIII the intended uses of the	·				
Part VI Land, Buildings, and Equipmen					
Complete if the organization ans		m 990 Part IV line	11a See Form 99	0 Part X	line 10
		1	1		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Boo	k value
<b>1 a</b> Land	, , , , ,	` -,			
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment		22,149.	3,191.		18,958.
e Other		22,147.	5,171.		<u>+0,550.</u>
Total. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part X	column (B). line 10c.)			18,958.
	,	(=),			<del>,</del>

BAA Schedule D (Form 990) 2018

(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶    Part IX   Other Assets.	Part VII Investments — Other Securities.		N/A	
(3) Closely-held equity interests. (3) Other (5) (5) (6) (7) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(2) Closely-held equally interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	f-year market value
(3) Other (4) (5) (6) (7) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(C)	(A)			
(C)	(B)			
(G) (G) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (A) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)			
(G) (G) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (A) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(D)			
(G) Total. (Column (b) must equal From 80, Part X, column (B) line 12). ►    C) Total. (Column (b) must equal From 80, Part X, column (B) line 12). ►				
Total. (Column (b) must equal From 290, Part X, column (B) line 12.)   Part VIII.   Investments				
Total. (Column (b) most equal Form 990. Part X, column (B) line 12).  Total. (Column (b) most equal Form 990. Part X, column (B) line 12).  (a) Description of investment  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (c) Method of valuation: Cost or end-of-year market value  (d) Description of investment  (e) Description of investment  (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.   Part XII				
Part VII   Investments - Program Related.				
Complete if the organization answered 'Yes' on Form '990, Part IV, line 11c. See Form '990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form '990, Part X, column (B) line 13.). ►  Part IX			NI / N	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Complete if the organization answered	Yes' on Form 990	). Part IV. line 11c. See Form 9	90. Part X. line 13.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES 11, 939. (3) SALES TAX PAYABLE 454. (4) (5) (6) (7) (8) (9) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES 11, 939. (3) SALES TAX PAYABLE 454. (4) (5) (6) (7) (8) (9) (10) (11) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	(1)			-
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ►    Part X				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Book value (b) Book value (c) STOCKS DONATED - NOT SOLD (d) Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  (b) Book value (c) Stocks DONATED - NOT SOLD (d) Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) Federal income taxes (d) Description of liability (b) Book value (c) Federal income taxes (d) Description of Liability (b) Book value (c) SALES TAX PAYABLE (d) 454. (d) (d) Column (b) must equal Form 990, Part X, column (B) line 25.) * 12, 393.  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) * 12, 393.  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) * 12, 393.				
(6) (7) (8) (9) (10) Total. (Column (b) must equal form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X. line 15.  (a) Description (b) Book value (c) STOCKS DONATED - NOT SOLD (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(4)			
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) OTHER RECEIVABLES (2) STOCKS DONATED - NOT SOLD (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Total (Column (b) must equal Form 990, Part X, column (B) line 15.) (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9) (10) (10) (11) (11) (11) (11) (11) (11	(5)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	(6)			
(9) (10) (10) (10) (10) (10) (10) (10) (10	(7)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)    Part X	(8)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Part IX   Other Assets.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) OTHER RECEIVABLES (d) Description (d) Book value (d) OTHER RECEIVABLES (e) STOCKS DONATED - NOT SOLD (f) 28,035.  (d) (e) (f) (g) (l0) (h) Federal income taxes (g) Description of liability (g) Book value (l) Federal income taxes (l) Column (b) must equal Form 990, Part X, column (B) line 15.) (l) Federal income taxes (l) Federal				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) OTHER RECEIVABLES (2) STOCKS DONATED - NOT SOLD (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(a) Description  (b) Book value  3,750.  28,035.  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	Complete if the organization answered	L'Yes' on Form 990	) Part IV line 11d See Form 9	90 Part X line 15
(1) OTHER RECEIVABLES (2) STOCKS DONATED - NOT SOLD (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)▶ 31,785.  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES 11,939. (3) SALES TAX PAYABLE 454. (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12,393.  2. Llability 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			, 1 di (17, iiile 11d. eee 1 di iii 9	
28,035.  (3)  (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)▶ 31,785.  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES 11,939. (3) SALES TAX PAYABLE 454. (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12,393.  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		'		
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED EXPENSES 11, 939. (3) SALES TAX PAYABLE 454. (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 12, 393.  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				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) ACCRUED EXPENSES 11, 939.  (3) SALES TAX PAYABLE 454.  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12, 393.  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				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) ACCRUED EXPENSES 11, 939.  (3) SALES TAX PAYABLE 454.  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12, 393.  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	Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)	<b>&gt;</b>	31,785.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 12, 393.  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	Part X Other Liabilities.			
(1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12, 393.  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	Complete if the organization answered 'Yes' on F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	ı
(2) ACCRUED EXPENSES (3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12,393.		(b) Book value		
(3) SALES TAX PAYABLE (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12,393.  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		11 00		
(4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12,393.  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				
(5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) \ 12,393.  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		43	4.	
(6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12,393.  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				
(7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) \ 12,393.  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				
(8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)▶ 12,393.  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				
(10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 12, 393.  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				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶ 12,393.  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	(9)			
Total. (Column (b) must equal Form 990, Part X, column (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	(11)			
			· · · · · · · · · · · · · · · · · · ·	

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ı	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
C Auu iiiles 4a anu 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	L. Carlotte and the control of the c	5
		•
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	Its With Expenses per F	•
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statemen	Its With Expenses per Fart IV, line 12a.	•
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statement</li> <li>Complete if the organization answered 'Yes' on Form 990, Part XII</li> </ul>	Its With Expenses per Fart IV, line 12a.	Return. N/A
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statement</li> <li>Complete if the organization answered 'Yes' on Form 990, Part II.</li> <li>Total expenses and losses per audited financial statements</li> </ul>	its With Expenses per Fart IV, line 12a.	Return. N/A
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statement</li> <li>Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>	ats With Expenses per Fart IV, line 12a.	Return. N/A
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:         <ul> <li>a Donated services and use of facilities.</li> </ul> </li> </ul>	ots With Expenses per Fart IV, line 12a.	Return. N/A
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.	tts With Expenses per Fart IV, line 12a.  2a 2b 2c	Return. N/A
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	tts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XIII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	tts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	tts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A  1  2e
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A  1  2e
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IT Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d 4a 4b	Return. N/A  1  2e
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IT Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d 4a 4b	Return. N/A  1  2e 3
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IT Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d 4a 4b	Return. N/A  1  2e 3

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

BAA Schedule D (Form 990) 2018

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

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

General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

2018
Open to Public Inspection

Name of the organization

MOMS AGAINST POVERTY

on Form 990, Part IV, line 14b.

Employer identification number

20-8865521

1	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 No					
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.					
3	Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
					ORPHANAGE,	
(1)	IRAN			PROGRAM SERVICES	SCHOOL, CHILDCARE	706,796.
(2)	CAMPODIA			DDOCDAM CEDITICEC	OUTREACH PROGRAM	116 006
(2)	CAMBODIA			PROGRAM SERVICES	LEARNING CENT	116,806.
(3)	SENEGAL			PROGRAM SERVICES	BUILDING SCHOOLS	55,000.
(4)	SIERRA LEONE			PROGRAM SERVICES	SCHOOL	4,960.
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3	a Subtotal					883,562.
ı	Total from continuation sheets to Part I					
(	Totals (add lines 3a and 3b)	0	0			883,562.

20-8865521

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CHILDCARE					
			CAMBODIA	HOME	116,806.				
				ORPHANAGE,					
			IRAN	SCHOOL	706,796.				
			SENEGAL	SCHOOL	59,960.				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	<b>&gt;</b>
3	Enter total number of other organizations or entities	<u> </u>

BAA Schedule F (Form 990) 2018

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)							
(17)							
(18) BAA						Schedule F	(Form 990) 2018

0	Vas 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	X No
re	old the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be equired 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)	Yes	X No
0	oid the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' 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).	Yes	X No
e F	Vas 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).	Yes	X No
0	oid the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' 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)	Yes	X No
/1	old 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)	Yes	X No

BAA TEEA3505L 11/02/18 Schedule F (Form 990) 2018

## 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.

BAA TEEA3504L 11/02/18 Schedule F (Form 990) 2018

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 20-8865521 MOMS AGAINST POVERTY **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 \$5,000.

			(a) Event #1 SAN FRANCISCO	(b) Event #2 ORANGE COUNTY	(c) Other events	(d) Total events (add column (a)		
R E			(event type)	(event type)	(total number)	through column (c)		
REVENUE	1	Gross receipts	427,213.	57,649.	19,626.	504,488.		
E	2	Less: Contributions	105,472.	19,191.	19,626.	144,289.		
	3	Gross income (line 1 minus line 2)	321,741.	38,458.		360,199.		
	4	Cash prizes						
D	5	Noncash prizes						
D I R E C T	6	Rent/facility costs	16,500.	9,750.		26,250.		
	7	Food and beverages	15,540.	5,833.	5,198.	26,571.		
X P	8	Entertainment	32,117.	2,087.		34,204.		
EXPENSES	9	Other direct expenses	61,436.	5,183.	40,481.	107,100.		
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr				194,125. 166,074.		
Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
R E V E N U E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
E E	1	Gross revenue						
E	2	Cash prizes						
D I RECT	3	Noncash prizes						
C S T E S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		<b>&gt;</b>			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)				
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?								
		e any of the organization's gaming license es,' explain:						

Sche	edule G (Form 990 or 990-EZ) 2018 MOMS AGAINST POVERTY	0-88655	521	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Г	Yes	□No
		L		□
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			%
	an outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name •			
	Address ►			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenu	ıe?	□Yes	No
	of If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the			
-	of gaming revenue retained by the third party ► \$			
(	If 'Yes,' enter name and address of the third party:			
	Name •			
	Address ►			
	Addition 1			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the			
	state gaming license?		Yes	No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Pai	organization's own exempt activities during the tax year ► \$ <b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co	umns (ii	ii) and (\	<b>/</b> )·
ı uı	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an	y additic	nal	7,
	information. See instructions.			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MOMS AGAINST	Employer identification	Employer identification number						
						20-886552	1	
Part I General Information on Grants and Assistance								
1 Does the organization maintain records the selection criteria used to award to	to substantiate the am the grants or assistan	ount of the grants or ce?	assistance, the grantees	d' eligibility for the grants	or assistance, and		Yes X No	
2 Describe in Part IV the organization's p	rocedures for monitoring	ng the use of grant fu	inds in the United States.					
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
2 Enter total number of section 501(c)	(3) and government of	organizations listed	in the line 1 table				C	

3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to can be duplicated if additional states.	to Domestic Individ space is needed.	uals. Complete if t	the organization an	swered 'Yes' on Form	990, Part IV, line 22. Part III
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
_ 7					
Part IV Supplemental Information. Pro	vide the information	n required in Part	I, line 2; Part III, co	olumn (b); and any other	er additional information.

## **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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Types of Property

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization Employer identification number 20-8865521 MOMS AGAINST POVERTY

	•	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	<b>(d)</b> od of deterr contribution	mining n amounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests .						
12	Securities - Miscellaneous						
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other						
15	Real estate – Residential						
16	Real estate – Commercial						
17	Real estate – Other						
18	Collectibles						
19	Food inventory.						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts.						
23	Scientific specimens						
24	Archeological artifacts.						
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► ( )						
29	Number of Forms 8283 received by the organization d						
	organization completed Form 8283, Part IV, Done	e Acknowled	dgement		29		
						Yes	s No
30a	During the year, did the organization receive by contri	bution any pi	roperty reported in Part I	, lines 1 through 28, that			
	it must hold for at least three years from the date						
	for exempt purposes for the entire holding period?	?				30 a	X
	If 'Yes,' describe the arrangement in Part II.				2		
	Does the organization have a gift acceptance police				ns?	31	X
32a	Does the organization hire or use third parties or noncash contributions?	•				32 a	Х
	If 'Yes,' 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, describe in Part II.						

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

Schedule M (Form 990) 2018

Part II 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.

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

#### **SCHEDULE 0** (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.

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-8865521

Department of the Treasury Internal Revenue Service Name of the organization

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

MOMS AGAINST POVERTY

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

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

SEE SCH. O

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

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

## Voucher at bottom of page.

## DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, CA SOS file number and '2018 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations — File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations — File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations — File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** 

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE DETACH HERE \_\_\_\_ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR CALIFORNIA FORM **Payment Voucher for Corporations and** 2018 **Exempt Organizations e-filed Returns** 3586 (e-file) 2887716 20-8865521 00000000000 MOMS 18 FORM 3 12-31-18 TYB 01-01-18 TYE MOMS AGAINST POVERTY DELFARIB FANAIE PO BOX 4212 BURLINGAME 94011 CA (415) 580-4702

059 6181186 CACA1201L 12/12/18 FTB 3586 2018

AMOUNT OF PAYMENT

10.

# 2018 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 20	18 or fiscal	year beginning (mm/dd	/уууу)		, a	and ending (r	mm/dd/yyyy)			
Corporation/Or	ganizat	tion name							(	California corporation i	number
MOMS A	ZATN	ומי פועו	ERTY							2887716	
Additional infor										EIN	
									l:	20-8865521	
Street address	(suite	or room)								PMB no.	
PO BOX	421	.2									
City	~ ~							State		Zip code	
BURLING Foreign country								CA Foreign province/state/cour		94011 Foreign postal code	
r oreign country	y manno							Torongin province/state/cour	y .	oreign postar code	
A First Date				Пу	X No	J If	evemnt under l	R&TC Section 23701d, has	the		
				<del></del>				aged in political activities?	tilo		
				=	X No			· · · · · · · · · · · · · · · · · · ·		• Yes	X No
				Yes	X No						· <u></u>
<b>D</b> Final Info						<b>K</b> le	the organizatio	on exempt under R&TC Sec	tion 2370	1g? • 🗆 🗆 Voo	X No
	issolve		Surrendered (Withdrawn)	Merged/F	Reorganized	lf	'Yes' enter the	aross receipts from		_	21 110
Enter date E Check acc		/dd/yyyy) ●				no	nmémber sour	ces	٠ ٩	\$	
1 X C		_	rual <b>3</b> Other					a public charity exempt ur			
			990T <b>2</b> ● 990-Pl	<b>3</b> ● □ S	oh ∐ (000)	K č	kIU Section 23 cention check	701d and meets the filing toox. No filing fee is require	ee ee		
4 0th			3301 2 9 330-11	ა•ა	CII II (330)					=	₩,,
			tructions	• ☐ Yes	X No			on a Limited Liability Comp			X No
G is tills a t	group i	illing. Occ illo	tructions	С 🗀 103	[] 110			tion file Form 100 or Form			X No
<b>H</b> Is this or	nanizat	ion in a group	exemption	□ <sub>Ves</sub>	X No			on under audit by the IRS o			110
		the parent's r		<u> </u>	110			r year?			X No
								023/1024 pending?			No
I Did the o	rnaniza	ntion have any	changes to its guidelines				te filed with IR				
	•		instructions	• Yes	X No	Da	ile illeu willi in		_		
Part I	Com	plete Part	I unless not required t	o file this form	n. See Ge	neral I	nformation	B and C.			-
	1	Gross sale	es or receipts from oth	er sources. Fr	rom Side :	2, Part	II, line 8		1	360	0,199.
	2		es and assessments fr								
Receipts	3		tributions, gifts, grants							79	7,569.
and Revenues	4		s receipts for filing rec								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Nevenues	_	_	must be completed. If	•			•	eral Information B	4	1.15	7,768.
	5		oods sold								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	6		her basis, and sales e								
	7		s. Add line 5 and line						7		
	8		s income. Subtract lin							1 15'	7,768.
	9		enses and disburseme							1	4,970.
Expenses	10		receipts over expense						10		
	11								11	-10	7 <b>,</b> 202.
	12	Total payr	See General Information					,	12	†	
	13		balance. If line 11 is						13		
	14	-								1	
Filing	14		alance. If line 12 is mo		·				<u> </u>		
Fee	15	Filing fee	\$10 or \$25. See Gene	ral Informatio	n F						10.
	16	Penalties	and Interest. See Ger	eral Informati	on J				. 16		
	17	Balance due	e. Add line 12, line 15, and l	ne 16. Then subtr	act line 11 f	rom the	result		17		10.
Sign	Under	penalties of pe	erjury, I declare that I have ex e. Declaration of preparer (otl	amined this return	, including ac	company	ying schedules a	and statements, and to the b	est of my	knowledge and belief	, it is true,
Here			c. Decidiation of preparer (of	ici tilari taxpayci)	Title	all IIIIOIII	addition of williams	Date		<ul><li>Telephone</li></ul>	
	of offi	ture >			PRESI	DENT				(415) 580-	4702
	Prepa	arer's ►			•		Date	Check if self-		● PTIN	
Paid	signa	ture AR	DY ESMAEILI, (					employed		P01702204	
Preparer's Use Only	Firm's	name	BURKLAND ASS		LLC					Firm's FEIN	
300 <b>2</b> 111y	self-e	urs, if mployed)	325 9TH STRE							27-3835270	
	and a	ddress	SAN FRANCISC	O, CA 941	103					• Telephone	1 5
										415-944-82	
	May	the FIB d	liscuss this return with	tne preparer	snown ab	ove? S	see instructi	ions	•	X Yes	No

### MOMS AGAINST POVERTY

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

		regai	uless of afflourit of gross receipts -	- complete i ait ii or iui iis	on Subs	stitute illiorillation	l•		
		1	Gross sales or receipts from all	business activities. See	instru	ctions	•	1	
		2	Interest					2	
		3	Dividends					3	
Rece		4	Gross rents						
from Othe		5	Gross royalties						
Sour		6	Gross amount received from sale					·	
		7	Other income. Attach schedule.						360,199.
		8	Total gross sales or receipts from other s					8	-
		9	Contributions, gifts, grants, and similar a						360,199.
			Disbursements to or for member						883,562.
		10							100.000
		11	Compensation of officers, director					11	126,000.
Fxne	nses	12	Other salaries and wages						15,050.
and		13	Interest						204.
Disb	urse-	14	Taxes				_		7,505.
mem	.3	15	Rents						
		16	Depreciation and depletion (See						790.
		17	Other Expenses and Disburseme	ents. Attach schedule		SEE ST	ATEMENT 3 •		311,859.
		18	Total expenses and disbursements. Add I	line 9 through line 17. Enter he	ere and c	n Side 1, Part I, line	9	18	1,344,970.
Sch	edule	Ł.	Balance Sheet	Beginning of	taxab	le year	End	d of taxa	able year
Asse	ets			(a)		(b)	(c)		(d)
1						532,857.		•	202,797.
2	Net acc	ounts	receivable			2,000.		•	2,000.
3	Net not	es rec	eivable					•	
4						24,329.		•	11,230.
5			tate government obligations					•	
6			n other bonds					•	
7			n stock					•	
8	-	_	18					•	
9			nents. Attach schedule					•	
			ssets	3,949.			22,1		
b	Less ac	cumul	ated depreciation	2,401.		1,548.	3,1	91.	18,958.
11			· · · · · · · · · · · · · · · · · · ·					•	
12	Other a	ssets.	Attach schedule			9,317.		•	45,035.
13	Total a	ssets .				570,051.			280,020.
Liabi	lities a	ınd n	et worth						
14	Accoun	ts paya	able					•	1,500.
15	Contrib	utions,	, gifts, or grants payable					•	
16	Bonds a	and no	tes payable			25,000.		•	
17	Mortga	ges pa	yable					•	
18	Other li	abilitie	es. Attach schedule			2,383.			12,393.
19	Capital	stock	or principal fund			542,668.		•	266,127.
20			oital surplus. Attach reconciliation					•	
21			ings or income fund					•	
_			ies and net worth			570,051.			280,020.
Sch	edule	: M-							
			Do not complete this schedule in						
1			er books	-187,202	. 7		books this year not inc		
_			ne tax		٠.	in this return. Attac			
	3 Excess of capital losses over capital gains						3		
4			ecorded on books this year.	)			ie triis year.		
_					9		nd line 8		
5			orded on books this year not deducted  Attach schedule		10	Net income per			
6			e 1 through line 5	-187,202		•	from line 6	F	-187,202.
	i otali. F	idu IIII	o i anough into a	101,202	• 1				101/202.

Side 2 Form 199 2018 059 3652184 CACA1112L 12/13/18

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### CALIFORNIA COPY

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

MOMS AGAINST POVERTY		20-8865521						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization is covered by the <b>Gener</b>	al Rule or a Special Rule.							
Note: Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General Rule and a	Special Rule. See instructions.						
General Rule								
X For an organization filing Form 990, 990-E property) from any one contributor. Complete property from any one contributor.	Z, or 990-PF that received, during the year, contributions to ete Parts I and II. See instructions for determining a contrib	taling \$5,000 or more (in money or utor's total contributions.						
Special Rules								
under sections 509(a)(1) and 170(b)(1)(A)(vi)	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 the year, total contributions of the greater of (1) \$5,000; or 90-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that						
For an organization described in section 5 during the year, total contributions of more purposes, or for the prevention of cruelty contributor name and address), II, and III.	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, to children or animals. Complete Parts I (entering 'N/A' in co	from any one contributor, literary, or educational olumn (b) instead of the						
during the year, contributions exclusively the \$1,000. If this box is checked, enter here charitable, etc., purpose. Don't complete a	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribute total contributions that were received during the year for any of the parts unless the <b>General Rule</b> applies to this organable, etc., contributions totaling \$5,000 or more during the year.	tions totaled more than an <i>exclusively</i> religious, inization because						
990-PF), but it <b>must</b> answer 'No' on Part IV. I	the General Rule and/or the Special Rules doesn't file Scheine 2, of its Form 990; or check the box on line H of its Form efiling requirements of Schedule B (Form 990, 990-EZ, or 9	n 990-EZ or on its Form 990-PF.						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

1 Employer identification number

20-8865521 MOMS AGAINST POVERTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need
--

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAMANEH & SIAVASH TAHBAZOF		Person X  Payroll
	245 WOODSIDE DRIVE	\$100,000.	Noncash
	WOODSIDE, CA 94062		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FARAJ AALAEI & SUSAN AKBARPOUR		Person X  Payroll
	43 FLOOD CIRCLE	\$33,000.	Noncash
	ATHERTON,, CA 94027		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BAY AREA HOPE - OMEED GROUP		Person X  Payroll
	88 KING STREET, #321	\$ 60,000.	Noncash
	SAN FRANCISCO, CA 94107		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOBAK_BAKHTIARI	-	Person X
4	BOBAK BAKHTIARI  1199 EL CAMINO REAL,	\$ <u>15,000</u> .	Person X Payroll Noncash
4			Payroll
4 (a) Number	1199 EL CAMINO REAL,		Payroll Noncash Complete Part II for
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  (b)	(c) Total	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person X
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI	(c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,	(c) Total contributions	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026	(c) Total contributions  \$10,000.	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (Type of contributions.)  Person X  Payroll Noncash  Type of contributions.)
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026  Name, address, and ZIP + 4	(c) Total contributions  \$10,000.	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026  Name, address, and ZIP + 4  MEHRDAD & NEDA ELIE	(c) Total contributions  \$10,000.  (c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll  Type of contribution

Schedu	le B (Form 99	90, 990-EZ, c	or 990-PF) (2018)
Name of o	rganization		
MOMS	AGAINST	POVERTY	

2 Employer identification number

20-8865521

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
--------	--------------	---------------------	---------------	------------------	---------------	------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	FARHANG KHOSROVI KORDESTANI FOUNDAT	-	Person X Payroll
	5265 BLACKHAWK DR	\$10,000.	Noncash
	DANVILLE,, CA 94506	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NAZILA HABIBIZAD & SHAHAB SADAT-TEH		Person X Payroll
	445 27TH AVE	\$10,000.	Noncash
	SAN MATEO, CA 94403	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HAMIDEH NOURI & NADER HEYDAYIAN	-	Person X Payroll
	300 BARBARA WAY	\$10,000.	Noncash
	HILLSBOROUGH,, CA 94010	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4  THE NASIRI FOUNDATION	(c) Total contributions	Person X
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION	(c) Total contributions  \$15,000.	
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION	\$15,000.	Person X Payroll
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.	\$15,000.	Person X Payroll Noncash  (Complete Part II for
10_ (a)	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  (b)	\$ 15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  (b)  Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
10 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  (b)	\$15,000.  \$15,000.  (c)     Total contributions  \$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)
10 _ (a) Number  11 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  Name, address, and ZIP + 4	\$15,000.  \$15,000.  (c)     Total contributions  \$10,000.	Person X Payroll
10 _ (a) Number  11 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  Name, address, and ZIP + 4  YOSEF TAHBAZOF	\$ 15,000.  (c) Total contributions  \$ 10,000.	Person X Payroll

Schedule B (Form 990,	990-E∠, or	990-PF)	(2018)
Name of organization			

Employer identification number

MOMS AGAINST POVERTY

20-8865521

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	Total	Type of contrib

Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u> _	ROYA ANSARI  188 MESA VERDE WAY	\$ <u>5,000</u> .	Person X Payroll Noncash
	SAN CARLOS, CA 94070		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	REZA AKHAVAIN		Person X Payroll
	95 LENNOX	\$ <u>5,000.</u>	Noncash
	IRVINE,, CA 92612		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	NARGES BANIASADI 712 HARVARD AVE	\$ <u>5,000.</u>	Person X  Payroll   Noncash
	MENLO PARK, CA 94025		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	ALI TEHRANCHI		Person X Payroll
	389 1ST ST	\$ <u>5,000</u> .	Noncash
	LOS ALTOS, CA 94022		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	COMERICA		Person X Payroll
	TWO EMBARCADERO CENTER, SUITE	\$ <u>5,</u> 500.	Noncash
	SAN FRANCISCO, CA 94111		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	ALI (ED) HADAD		Person X Payroll
	700 S. BERNARDO AVE, #103	\$5,000.	Noncash
	SUNNYVALE, CA 94087		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

4

Name of organization			
MOMS	AGAINST	POVERTY	

Employer identification number

20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	SUFI & BAHADOR  625 WOODSIDE DRIVE  WOODSIDE,, CA 94062	\$5,000.	Person X Payroll  Noncash  (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	F. OR A. HARIRI  1169 TRINITY DRIVE  MENLO PARK, CA 94025	\$17,800.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	JHF CONSTRUCTION  124 MONTECITO CRESCENT  WALNUT CREEK, CA 94598	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	FARHAD TAGHIBAKHSH		Person X Payroll
	19507 STEVENS CREEK BLVD, STE  CUPERTINO,, CA 95014	\$ <u>5,920.</u>	Noncash (Complete Part II for noncash contributions.)
(a) Number		\$ 5,920.  (c)  Total  contributions	Noncash (Complete Part II for
(a)	CUPERTINO,, CA 95014	(c) Total	Noncash (Complete Part II for noncash contributions.)
(a) Number	CUPERTINO,, CA 95014  Name, address, and ZIP + 4  HAMED KHAKBAZ  8 WEST HARBOR DRIVE	(c) Total contributions	Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for

Name of organization

MOMS AGAINST POVERTY

Employer identification number

20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	FARANGIS OSTOWARI  200 AVILA AVE  SAN MATEO, CA 94402	\$ <u>5,000</u> .	Person X Payroll  Noncash  (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	KOOROSH OSTOWARI  78 HARRISON AVE  SAUSALITO,, CA 94965	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	QUEST_REAL_ESTATE  1201 HOWARD AVENUE, SUITE 102  BURLINGAME,, CA 94010	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT	Total contributions  \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR	contributions -	Person X Payroll Noncash (Complete Part II for
28	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  (b)	\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
28_ (a) Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  Name, address, and ZIP + 4  SIA CONSULTING  1256 HOWARD STREET	\$ 5,000.	Person X Payroll
(a) Number  29 _  (a) Number  30 _	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  Name, address, and ZIP + 4  SIA CONSULTING  1256 HOWARD STREET  SAN FRANCISCO, CA 94103	\$5,000.  (c) Total contributions  \$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)

6

CONCAGIO B (FORM)	30, 330 22, 01 330 1 1) (2010)
Name of organization	
MOMS AGAINST	POVERTY

Employer identification number 20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	NOUSHIN ZARKESH  588 BELL ST, UNIT 2306S  SEATTLE,, WA 98121	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MANA KHARRAZI  1068 LYMOOR DRIVE  ATLANTA, GA 30319	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NARGES BANIASSADI 712 HARVARD AVE MENLO PARK, CA 94025	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
	4.5		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4  SIMA_TALAI	(c) Total contributions	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE	contributions	Person X Payroll Noncash  (Complete Part II for
34_ (a)	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE  SAN FRANCISCO, CA 94116  (b)	\$ 5,100.	Type of contribution  Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
34_ (a)	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE  SAN FRANCISCO, CA 94116  (b)	\$ 5,100.	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

1

Name of organization

MOMS AGAINST POVERTY

20-8865521

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N	I/A	. – – –	
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·   ·   ·   ·	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·   ·   ·   ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· ·	
		Schedule B (Form 990, 990-F	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization
MOMS ACATNOT DOVERTY

Employer identification number 20-8865521

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)								
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held							
	N/A								
	Transferee's name, addres	Rela	ntionship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	ift Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
Part I									
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee					

#### IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM

WHERE TO FILE: Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the California corporation number, FEIN, or CA SOS file number and '2018 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with the form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar year C corporations — File and Pay by April 15, 2019 Calendar year S corporations — File and Pay by March 15, 2019 Calendar year exempt organizations - File and Pay by May 15, 2019

Employees' trust and IRA - File and Pay by April 15, 2019

Fiscal year filers - See instructions

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Make payments online using Web Pay for Businesses. Corporations

or exempt organizations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

\_\_\_\_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM \_\_\_\_ \_ DETACH HERE \_ \_ \_ **CAUTION:** You may be required to pay electronically, see instructions. TAXABLE YEAR Payment for Automatic Extension CALIFORNIA FORM

for Corporations and Exempt Organizations 2018

3539 (CORP)

2887716 20-8865521 000000000000 18 FORM MOMS

12-31-2018 TYB 01-01-2018 TYE

MOMS AGAINST POVERTY

DELFARIB FANAIE

PO BOX 4212

BURLINGAME CA 94011

(415) 580-4702

AMOUNT OF PAYMENT 10.

CACZ0401L 12/07/18 FTB 3539 2018 059 6141186

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Z	u	1	O

## **CALIFORNIA STATEMENTS**

PAGE 1

**MOMS AGAINST POVERTY** 

20-8865521

STATEMENT 1	
FORM 199, PART II, LINE 7	7
OTHER INCOME	

INCOME FROM SPECIAL EVENTS. \$ 360,199.

TOTAL \$ 360,199.

### **STATEMENT 2** FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

### **CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DELFARIB FANAIE	PRESIDENT 40.00	\$ 48,000.	\$ 0.	\$ 0.
,				
LADAN JUDGE	TREASURER 40.00	42,000.	0.	0.
,				
YASAMIN SHAMSHIRI	SECRETARY 40.00	36,000.	0.	0.
,				
NOOSHIN HAKIMI	DIRECTOR 0.50	0.	0.	0.
,				
MARYAM REFAHI	DIRECTOR 0.50	0.	0.	0.
,				
FATEMEH WINANS	DIRECTOR 0.50	0.	0.	0.
,				
	TOTAL	\$ 126,000.	\$ 0.	\$ 0.

## STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	55,518. 42,430.
BANK FEES	502. 868
DONOR APPRECIATION	1,112.
FURNITURE/SUUPLIES & MATERIALS INSURANCE	7,046.
MISC. EXPENSES PAYROLL FEE	320. 1,040.

2018	CALIFORNIA STATEMENTS	PAGE 2
	MOMS AGAINST POVERTY	20-8865521
SHIPPING, FREIGHT & SOFTWARE/DOMAIN LICE SPECIAL EVENT EXPENSIBLE OF STATE FEES	TORY COMPLI \$ DELIVERY	83. 1,377. 3,268. 194,125. 855. 2,782. 311,859.
PREPAID EXPENSES AND	TOTAL \$	3,750. 13,250. 28,035. 45,035.
STATEMENT 5 FORM 199, SCHEDULE L OTHER LIABILITIES  ACCRUED EXPENSES SALES TAX PAYABLE	_, <b>LINE 18</b>	11,939. 454. 12,393.

## Form **8868**

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Enter filer's identifying number, see inst  Employer identification numb  20-8865521  Social security number (SSN)	tructions ber (EIN) or
Employer identification number 20-8865521 Social security number (SSN	ber (EIN) or
Social security number (SSN	
Social security number (SSN	
Social security number (SSN	
for each return)	01
	Return Code
poration)	07
	08
than individual)	09
	10
	11
	12
check this box	roup,
file the exempt organization return	
return Final return	
ative tax, less any 3a \$	0.
redits and estimated 3 b \$	0.
equired, by using 3c \$	0.
f	heck this box

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	he 2018 calen	dar year, or tax	year begin	ning		, 20°	18, an	ıd endin	g		,		
В	Check	if applicable:	С								D Employ	er identifi	ication number	
	A	ddress change	MOMS AGAIN	UCT POV	ERTY					20-8865521				
	_	ame change	PO BOX 421		DI(1 1						E Telepho			
	_	-	BURLINGAME		4011				· ·					
	In	itial return	BONDINGINI	1, 011 3	1011						(41	5) 58	0-4702	
	Fir	nal return/terminated												
	Aı	mended return									<b>G</b> Gross r	eceipts \$	1,157	,768.
	A	pplication pending	F Name and addre	ess of principa	l officer: DFT	FADIR F	TANATE			H(a) Is this	a group retur	n for subo	ordinates? Yes	X No
			SAME AS C	ABOVE	בנום	II III(ID I	111/1711			H(b) Are all If "No,"	subordinates	included:	? Yes	No
$\overline{}$	Tay	exempt status:	X 501(c)(3)	501(c) (	) <b>∢</b> (i	nsert no.)	4947(a)(1)	\ nr	527	It "No,"	attach a list	. (see inst	ructions) —	_
<u>;</u>		· · · · · · · · · · · · · · · · · · ·	W.MOMSAGAI				4347 (a)(1)	, 01						
								1		H(c) Group	·			
K		n of organization:	X Corporation	Trust	Association	Other ►		L Year	r of formati	ion: 2008	8 IWIS	State of leg	gal domicile: CA	7
Pa	art I	Summar												
	1		be the organizat								<u>VERTY                                    </u>	<u>HAS F</u>	ROVIDED	
ø		SHELTER,	FOOD, AND	EDUCA'	rion to	THOUSAN	IDS OF I	<u>NEED</u>	Y CHI	LDREN				
2														
Ĕ														
Š	2	Check this bo	ox ► if the o	organizatio	n discontinu	ed its opera	ations or d	ispose	ed of mo	ore than 2	5% of its	net ass	ets.	
ŏ	3	Number of vo	oting members o	of the gover	ning body (	Part VI, line	e 1a)					3		6
•გ	4	Number of in	dependent votin	g members	s of the gove	erning body	(Part VI, I	ine 11	b)			4		0
<u>:</u>	5	Total number	r of individuals e	mployed ir	calendar y	ear 2018 (P	art V, line	2a)				5		6
Activities & Governance	6	Total number	r of volunteers (e	estimate if	necessary).							6		0
Aci	7a	Total unrelate	ed business reve	enue from l	Part VIII, co	lumn (C), li	ne 12					7a		0.
		Net unrelated	d business taxab	le income	from Form 9	990-T, line 3	38					7b		0.
											rior Year		Current Y	ear
	8	Contributions	and grants (Pa	rt VIII. line	1h)						,181,8	277		,569.
ne	9		vice revenue (Pa								, 101,	,,,,	131	, 505.
el el	10		ncome (Part VIII,											
Revenue	11		ie (Part VIII, colu		•						56,3	0 = 0	166	,074.
_	12		e – add lines 8 t								.,238,2			
														,643.
	13		imilar amounts p	-			-				591,3	362.	972	<u>,901.</u>
	14	•	I to or for member											
G	15	Salaries, other	er compensation	ı, employe	e benefits (F	Part IX, colu	ımn (A), lir	nes 5-	10)				148	,555.
Se	16a	Professional	fundraising fees	(Part IX, o	column (A),	line 11e)								
Expenses	h	Total fundrais	sing expenses (F	Part IX col	umn (D) lir	ne 25) ►								
爫	17		ses (Part IX, colu								222 1	21	110	700
	17		•			-					222,1			<u>,728.</u>
	18		es. Add lines 13								813,4		1,240	<u>,184.</u>
	19	Revenue less	s expenses. Sub	tract line 1	8 from line	12					424,7	742.	-276	,541.
5 g										Beginnin	ng of Currer	nt Year	End of Ye	ear
ets	20	Total assets	(Part X, line 16).								570,0	)51.	280	,020.
Ass	21	Total liabilitie	es (Part X, line 2	26)							27,3			,893.
Net Assets Fund Baland	22	Net assets or	r fund balances.	Subtract li	ne 21 from	line 20					542,6			,127.
	art II	Signatur								•	342,0	,,,,,	200	, 12 / .
com	er penal plete. D	Ities of perjury, I de eclaration of prepa	eclare that I have exar arer (other than officer	mined this retu r) is based on	irn, including ac all information o	companying sci of which prepare	hedules and st er has any kno	atemen wledge	its, and to i	the best of m	iy knowledge	and belie	f, it is true, correc	t, and
		Signatu	ire of officer							Da	to			
Sig	gn	Signatu	are or officer											
He	re		FARIB FANA	IE						PRES1	IDENT			
		Type or	r print name and title											
		Print/Type p	oreparer's name		Preparer's sig	nature		D	ate		Check	if F	PTIN	
Pa	id	ARDY F	ESMAEILI, (	CPA	ARDY ES	SMAEILI,	CPA				self-employ	ed F	201702204	
	iu epar				OCIATES,		O1 11	ı				. 11	31,02201	
He	e Or	.1				ттС					Figure 1- FIA:	<b>&gt;</b> 07	202527	
US	UI	Firm's addre		'H STREI									3835270	
				RANCISCO							Phone no.	415-	944-8215	
Ma	y the	IRS discuss th	nis return with th	e preparer	shown abov	ve? (see ins	structions)						X Yes	No

ı ai	Check if Schedule O contains a response or note to any line in this F	Part III				П
1						<u></u>
•	MOMS AGAINST POVERTY. TO PROVIDE HELP TO NEEDY	CHILDREN THROUGE	OUT THE	WORT	).	
2	Did the organization undertake any significant program services during the year w					
	Form 990 or 990-EZ?			· . 📙 '	Yes X	No
	If "Yes," describe these new services on Schedule O.					
3	Did the organization cease conducting, or make significant changes in how If "Yes," describe these changes on Schedule O.	it conducts, any program	services?		Yes X	No
4	Describe the organization's program service accomplishments for each of its Section 501(c)(3) and 501(c)(4) organizations are required to report the and revenue, if any, for each program service reported.	s three largest program so ount of grants and allocat	ervices, as r ions to othe	neasured rs, the to	d by expe tal exper	nses. ises,
/1 a	a (Code: ) (Expenses \$ 1,088,565. including grants of	\$	(Revenue	Ś	963,6	( 0.1
<b>-</b> + a	HELPING UNDERPRIVILEDGED CHILDREN AROUND THE WO			~ <u></u>		
4 b	<b>b</b> (Code:) (Expenses \$ including grants of	\$)	(Revenue	\$		)
4 c	c (Code: ) (Expenses \$ including grants of	\$ )	(Revenue	\$		)
4 d	d Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$	) (Revenue	\$		)	
/1 0	e Total program service expenses ► 1 088 565					

# Form 990 (2018) MOMS AGAINST POVERTY 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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, 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	11 a	Х	
t	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.	11 b		Х
c	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.	11 c		Х
C	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.	11 d	Χ	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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

# Form 990 (2018) MOMS AGAINST POVERTY Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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	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		Х
ı	s 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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
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>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		Х
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	© Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
3AA	TEEA0104L 08/03/18	Form	990 (	(2018)

Form 990 (2018) MOMS AGAINST POVERTY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-								
	ments, filed for the calendar year ending with or within the year covered by this return 2a 6		V						
-	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
2.	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х					
	a bit dire organization have difficiated business gross meetine of \$1,000 of more during the year.  If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b							
	a 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					
	o If 'Yes,' enter the name of the foreign country: ►	4 a		A					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х					
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c							
6 8	a 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?	6 a		Х					
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b							
7	Organizations that may receive deductible contributions under section 170(c).								
ä	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X						
	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			<b>—</b>					
	Form 8282?	7с		Х					
	If 'Yes,' indicate the number of Forms 8282 filed during the year	_		v					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/ 1		Λ					
	as required?	7 g							
-	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring								
	organization have excess business holdings at any time during the year?	8							
	Sponsoring organizations maintaining donor advised funds.								
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b							
	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12								
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
	Section 501(c)(12) organizations. Enter:								
	a Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year								
	Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?	12.							
•	Note. See the instructions for additional information the organization must report on Schedule O.	13a							
	·								
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	14b		<del></del>					
	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 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?  If 'Yes,' complete Form 4720, Schedule O.	16		Х					
	11 100, complete i offit 7/20, ochequie of								

Form 990 (2018) MOMS AGAINST POVERTY 20-8865521 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ...... 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA DC NY VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website X Other (explain in Schedule O) SEE SCH. O Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

SAN FRANCISCO CA 94103 (415) 580-7042

DELFARIB FANAIE 1337 FOLSOM STREET

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

Check if Schedule O contains a response or note to any line in this Part VII.....

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) DELFARIB FANAIE 40 PRESIDENT 0 0 Χ Χ 48,000 0. (2) LADAN JUDGE 40 0 TREASURER Χ Χ 42,000 0 0. (3) YASAMIN SHAMSHIRI 40 0. **SECRETARY** 0 Χ Χ 36,000 0 (4) NOOSHIN HAKIMI 0.5 DIRECTOR 0 Χ Χ 0 0 0. (5) MARYAM REFAHI 0.5 DIRECTOR 0 Χ 0 0. 0. (6) FATEMEH WINANS 0.5 DIRECTOR 0 Χ 0. Χ 0 0. (7) (8) (9) (10) (11)(12)(13)(14)

Part VII   Section A. Officers, Directors, Tru	(B)	Key	Em	_	_	es,	and	d Highest Con	pensated Empl	oyees	(conti	nued)
(A) Name and title	Average hours per week	Position (do not check more than obox, unless person is both officer and a director/trust					n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amou	(F) stimated unt of otle pensation	her
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1ŏ99-MISC)	(W-2/1099-MISC)	fr org an	om the anizatio d related anization	n d
<u>(15)</u>												
(16)												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
<u>(24)</u>												
(25)												
1 b Sub-total							<b>&gt;</b>	126,000.	0.			0.
c Total from continuation sheets to Part VII, Section A									0.			
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited	to those I	isted	abov	ve) \	who	recei	ved	126,000. more than \$100,00	0. 0 of reportable comp	ensatio	า	0.
from the organization • 0											Yes	No
3 Did the organization list any <b>former</b> officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h <i>individu</i>	ıstee, ıal	key	em	nplo <u>y</u>	ee,	or h	nighest compensa	ted employee	3		Х
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le co 50,00	mpe 30?	ensa If '}	ition <i>es,</i>	and com	oth	er compensation te Schedule J for	from	4		37
<ul><li>such individual</li><li>5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes</li></ul>	e comper	nsatio	n fr	om	anv	unre	late	ed organization or	individual			X
Section B. Independent Contractors												Λ
Complete this table for your five highest compensormensation from the organization. Report compensation.	sated ind sation for	epen the c	dent alen	t coi dar <u>i</u>	ntra year	ctors endi	tha ng v	t received more to with or within the or	han \$100,000 of ganization's tax year			
Name and business address  Description								Description (	of services	Compe	C) nsatio	'n
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o the	se l	listed	d abo	ve)	who received more	than			

# Form 990 (2018) MOMS AGAINST POVERTY Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part V	III		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	707.560			
<u>ੂੰ ਵ</u>	n	Total. Add lines 1a-1f	797,569.			
JE .	_	Business Code				
Program Service Revenue	2a b c d e f					
	3	Investment income (including dividends, interest and				
	4	other similar amounts)				
	b	Gross rents  Less: rental expenses  Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
		Less: cost or other basis and sales expenses				
		Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$\frac{144,289}{0}\$. of contributions reported on line 1c).  See Part IV, line 18				
er	b	Less: direct expenses b 194,125.				
౼		: Net income or (loss) from fundraising events	166,074.			
	9 a	Gross income from gaming activities. See Part IV, line 19	10070711			
		Less: direct expenses b				
	С	: Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11 a					
	b	` <del> </del>				
	C					
		I All other revenue				
		Total. Add lines Tra-Tru	0.00	-		-
	12	<b>Total revenue.</b> See instructions	963.643	0 .	0	0

# 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 i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	89,338.	89,338.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	883,563.	883,563.		
4 5	Benefits paid to or for members	·	·	F2 F70	0
6	trustees, and key employees	126,000.	73,430.	52,570. 0.	0.
7	Other salaries and wages	15,050.	0.	15,050.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	=5,0000		==,,===	
9	Other employee benefits				
10	Payroll taxes	7,505.	2,758.	4,747.	
	Fees for services (non-employees):				
а	Management				
	Legal				
	: Accounting	55,518.		55,518.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
g	Investment management fees				
12	Advertising and promotion	42,430.	39,476.	2,954.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,782.		2,782.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	204.		204.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	790.		790.	
23	Insurance	7,046.		7,046.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SOFTWARE/DOMAIN LICENSES	3,268.		3,268.	
	SHIPPING, FREIGHT & DELIVERY	1,377.		1,377.	
	DONOR APPRECIATION	1,112.		1,112.	
	PAYROLL FEE	1,040.		1,040.	
e	All other expenses	3,161.		3,161.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,240,184.	1,088,565.	151,619.	0.
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)				

# Part X Balance Sheet

1   Cash - non-interest-bearing.   532, 857.   1   202,797.			Check if Schedule O contains a response or note to any line in this Part X			
2   Savings and temporary cash investments.   2   3				(A) Beginning of year		<b>(B)</b> End of year
2   2   3   3		1	Cash – non-interest-bearing.	532,857.	1	202,797.
A   Accounts receivable, net   2,000.   4   2,000.		2	Savings and temporary cash investments		2	·
Section   10   10   10   10   10   10   10   1		3	Pledges and grants receivable, net		3	
1		4	Accounts receivable, net	2,000.	4	2,000.
Section 2580   Composition		5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	·
7   Notes and loans receivable, net.   24,329, 8   11,230.		6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   10b   3,191.   1,548.   10c   18,958.   11   Investments — publicly traded securities.   11   Investments — publicly traded securities.   11   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — program-related. See Part IV, line 11.   12   Investments — program-related. See Part IV, line 11.   13   Investments — program-related. See Part IV, line 11.   1,020.   15   31,785.   16   Total assets.   34   Intangible assets.   14   Intangible assets.   14   Intangible assets.   16   Total assets. Add lines 1 through 15 (must equal line 34).   570,051.   16   280,020.   17   Accounts payable and accrued expenses.   17   1,500.   18   Intangible assets.   18   Intangible assets.   19   Intangible assets.   20   Intangible assets.   20   Intangible assets.   21   Intangible assets.   22   Intangible assets.   22   Intangible assets.   23   Intangible assets.   24   Intangible assets.   25,000.   24   Int	S	7			7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   10b   3,191.   1,548.   10c   18,958.   11   Investments — publicly traded securities.   11   Investments — publicly traded securities.   11   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — publicly traded securities.   12   Investments — publicly traded securities.   13   Investments — program-related. See Part IV, line 11.   12   Investments — program-related. See Part IV, line 11.   13   Investments — program-related. See Part IV, line 11.   1,020.   15   31,785.   16   Total assets.   34   Intangible assets.   14   Intangible assets.   14   Intangible assets.   16   Total assets. Add lines 1 through 15 (must equal line 34).   570,051.   16   280,020.   17   Accounts payable and accrued expenses.   17   1,500.   18   Intangible assets.   18   Intangible assets.   19   Intangible assets.   20   Intangible assets.   20   Intangible assets.   21   Intangible assets.   22   Intangible assets.   22   Intangible assets.   23   Intangible assets.   24   Intangible assets.   25,000.   24   Int	sei	8	Inventories for sale or use	24,329.	8	11,230.
10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.   10b   3,191   1,548   10c   18,958   11   Investments – publicly traded securities.   11   1   12   Investments – other securities. See Part IV, line 11   12   Investments – other securities. See Part IV, line 11   13   13   14   Intangible assets.   14   13   Intangible assets.   14   15   Other assets. See Part IV, line 11   1   1,020   15   31,785   16   Total assets. Add lines 1 through 15 (must equal line 34)   570,051   16   280,020   17   Accounts payable and accrued expenses   17   1,500   18   Grants payable and accrued expenses   18   19   Deferred revenue   19   20   21   22   Escrow or custodial account liabilities   20   21   22   22   23   24   Unsecured notes and lonar payable to unrelated third parties   23   25   Other liabilities (including federal income tax, payables or related third parties   25   000   24   25   Other liabilities inclincluding federal income tax, payables to related third parties   25   07,383   25   12,393   26   13,893   27,383   26   27,383   26   27,383   26   27,383   27   266,127   28   Temporarily restricted net assets   28   Permanently restricted net assets   28   Permanently restricted net assets   29   Permanently restricted net assets   28   Permanently restricted net assets   29   Permanently restricted net assets   28   Permanently restricted net assets   29   Permanently restricted net assets   28   Permanently restricted net assets   29   P	As	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation.		10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	•		
11   Investments = publicly traded securities   11   12   12   12   12   13   Investments = other securities. See Part IV, line 11   13   14   Intangible assets   14   15   15   16   16   16   17   16   17   17   17		b	Less: accumulated depreciation. 10b 3 19	1 1 548	10 c	18 958
12   Investments — other securities. See Part IV, line 11.					<del>                                     </del>	10,300.
13   Investments — program-related. See Part IV, line 11.		12	·		12	
14		13			13	
15 Other assets. See Part IV, line 11.		14	·		14	
16   Total assets. Add lines 1 through 15 (must equal line 34).   570,051, 16   280,020.     17   Accounts payable and accrued expenses.   17   1,500.     18   Grants payable   18   18     19   Deferred revenue.   19   20     20   Tax-exempt bond liabilities.   20   21     21   Escrow or custodial account liability. Complete Part IV of Schedule D.   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.   22   23   24   25   25   25   27   26   27   27   28     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities on tincluded on lines 17-24). Complete Part X of Schedule D.   2,383   25   12,393     26   Total liabilities. Add lines 17 through 25.   27,383   26   13,893     27   Unrestricted net assets.   28   27   266,127     28   Temporarily restricted net assets.   28   29   29     29   Permanently restricted net assets.   29   29     29   Permanently restricted net assets.   29   29     20   Organizations that do not follow SFAS 117 (ASC 958), check here   29   29     29   Permanently restricted net assets.   29   29     20   Tatl and complete lines 30 through 34   30   20   20   20   20   20   20   20					15	31 785
17				_, -,		
18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Escrow or custodial account liability. Complete Part IV of Schedule D.   21		17	Accounts payable and accrued expenses			
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 2, 383. 25 12, 393. 26 Total liabilities. Add lines 17 through 25. 27, 383. 26 13, 893. Organizations that follow SFAS 117 (ASC 958), check here Inines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 Apaid-in or capital surplus, or land, building, or equipment fund. 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 Apaid-in or capital surplus, or land, building, or equipment fund. 31 Apaid-in or capital surplus, or land, building, or equipment fund. 31 Apaid-in or capital surplus, or land, building, or equipment funds. 32 Apaid-in or capital surplus, or land, building, or equipment funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus, or land, building, or other funds. 33 Apaid-in or capital surplus, or land, building, or other funds. 32 Apaid-in or capital surplus apaid-in or capital s		18	Grants payable		18	,
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances.  24 Unsecured notes and loans payable to unrelated third parties. 25, 000. 24 25, 000. 24 25, 000. 24 25, 000. 27, 383. 25 12, 393. 26 13, 893.  27, 383. 26 13, 893.  27, 383. 26 27, 383. 26 13, 893.  27, 383. 28 26 13, 893.  29 266, 127.		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances.  24 Unsecured notes and loans payable to unrelated third parties. 25, 000. 24 25, 000. 24 25, 000. 24 25, 000. 27, 383. 25 12, 393. 26 13, 893.  27, 383. 26 13, 893.  27, 383. 26 27, 383. 26 13, 893.  27, 383. 28 26 13, 893.  29 266, 127.	es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 28 Permanently restricted net assets. 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances.  24 Unsecured notes and loans payable to unrelated third parties. 25, 000. 24 25, 000. 24 25, 000. 24 25, 000. 27, 383. 25 12, 393. 26 13, 893.  27, 383. 26 13, 893.  27, 383. 26 27, 383. 26 13, 893.  27, 383. 28 26 13, 893.  29 266, 127.	abiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		22	
24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  25,000. 24  27,383. 25  27,383. 26  12,393.  27,383. 26  13,893.  26,127.  28 Jand complete lines 27 through 29, and lines 33 and 34.  29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.		23			<b>.</b>	
Total liabilities. Add lines 17 through 25. 27, 383. 25 12, 393. 26 13, 893. 27 Total liabilities. Add lines 17 through 25. 27, 383. 26 13, 893. 26, 127. 28, 27, 28, 27, 28, 28, 28, 29, 28, 29, 29, 29, 29, 29, 29, 29, 29, 29, 29					1 1	
Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets. 542,668. 27 266,127.  28 Temporarily restricted net assets. 28  29 Permanently restricted net assets. 29  Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds. 30  31 Paid-in or capital surplus, or land, building, or equipment fund. 31  Retained earnings, endowment, accumulated income, or other funds. 32  33 Total net assets or fund balances 542,668. 33 266,127.			· ·	==,,,,,,,		12 202
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26		·		
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets.  28 Temporarily restricted net assets.  29 Permanently restricted net assets.  29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶  and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  33 Total net assets or fund balances.  542,668.  27 266,127.  28  542,668.  30  542,668.  31  542,668.  32  542,668.  33  266,127.						13,073.
Temporarily restricted net assets.  Temporarily restricted net assets.  Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  542, 668. 27  266, 127.  266, 127.	es		lines 27 through 29, and lines 33 and 34.			
Temporarily restricted net assets.  28 Permanently restricted net assets.  29 Porganizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds.  31 Paid-in or capital surplus, or land, building, or equipment fund.  32 Retained earnings, endowment, accumulated income, or other funds.  31 Total net assets or fund balances.  32 Total liabilities and net assets/fund balances.  31 Total liabilities and net assets/fund balances.  32 Total liabilities and net assets/fund balances.  33 Total net assets or fund balances.  34 Total liabilities and net assets/fund balances.  35 Total net assets or fund balances.  36 Total liabilities and net assets/fund balances.	ũ	27		542,668.	27	266.127.
Permanently restricted net assets.  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  29  29  29  29  29  29  29  29  29  2	ala	28				200/22:1
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  Capital stock or trust principal, or current funds.  Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  570.051.34  280.020.	8	29	Permanently restricted net assets		29	
30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 36 State of the state	r Fun					
Paid-in or capital surplus, or land, building, or equipment fund.  Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.  Total liabilities and net assets/fund balances.  570.051.34	S	30			30	
WE WITH TWO INTERPRETATION AND TWO INTERPRETATION AN	Set		·		<del>                                     </del>	
33       Total net assets or fund balances       542,668.       33       266,127.         34       Total liabilities and net assets/fund balances       570.051.       34       280.020.	Asi				<del></del>	
34 Total liabilities and net assets/fund balances. 570.051.34 280.020.	et				<u> </u>	266.127
	z				1	280,020.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91	63,6	43.
2	Total expenses (must equal Part IX, column (A), line 25).	2		1,2	40,1	84.
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	76,5	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			42,6	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2.0	66,1	27.
Pa	rt XII   Financial Statements and Reporting	L			00,1	
	Check if Schedule O contains a response or note to any line in this Part XII					
	Check it Schedule of Contains a response of note to any line in this rare Air.				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		П		163	NO
•			— I			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a	a			
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis					
						37
	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ite				
	Separate basis Consolidated basis Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2		
	·			2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Χ
!	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits  TEEA0112L 08/03/18			3 b	200	2015:
BAA	I TEEAUTZL US/03/18			Form	990 (	2018)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number MOMS AGAINST POVERTY 20-8865521 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 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 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 in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support				•		
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support		•	•	•		
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ		structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	hird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶∏
Sec	tion C. Computation of Pu	blic Support P	ercentage				<u> </u>
14	Public support percentage for 20	018 (line 6, colum	n (f) divided by li	ne 11, column (f))	)	14	%
15	Public support percentage from	2017 Schedule A,	Part II, line 14.			15	%
16a	<b>33-1/3% support test—2018.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the l	box on line 13, an	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	x on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, c	theck this box
17a	10%-facts-and-circumstances to more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	es' test, check this	box and stop her	re. Explain in Part	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	est—2017. If the or meets the 'facts-a d-circumstances'	rganization did no and-circumstance test. The organiz	ot check a box on es' test, check this ation qualifies as	line 13, 16a, 16b, box and <b>stop he</b> a publicly support	, or 17a, and line re. Explain in Part ted organization.	15 is 10% VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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						
Calend	lar year (or fiscal year beginning in) >	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.))	590,909.	727,900.	746,766.	884,428.	603,444.	3,553,447.
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.	330,303.	727,300.	740,700.	001,120.	003,111.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	590,909.	727,900.	746,766.	884,428.	603,444.	3,553,447.
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.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	3,553,447.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	590,909.	727,900.	746,766.	884,428.	603,444.	3,553,447.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
С	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	205,240.	148,431.	174,549.	278,263.	360,199.	1,166,682.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	796,149.	876,331.	921,315.	1,162,691.	963,643.	4,720,129.
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•					75.28 %
	Public support percentage from 2					16	81.03 %
	tion D. Computation of Inv						
	Investment income percentage for	•		-			0.00 %
	Investment income percentage fr						0.00 %
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	as a publicly suppo	orted organization	► <u>X</u>
	<b>33-1/3% support tests—2017.</b> If t line 18 is not more than 33-1/3%	, check this box a	nd <b>stop here.</b> The	e organization qu	alifies as a publicl	y supported orgai	nization ►
20	<b>Private foundation.</b> If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, c	neck this box and	see instructions.	

# Part IV Supporting Organizations

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

# **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in 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 <b>Part VI</b> .	9с		
0 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)? If 'Yes,' answer 10b below.	10a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			•
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
	organ	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice all tin	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sect	tion I	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 instructions).			
а		he organization satisfied the Activities Test. Complete line 2 below.			
b	=	he organization is the parent of each of its supported organizations. Complete line 3 below.			
c	=	he organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	nstruc	tions)	
·	ш.	the organization supported a governmental oritig. Describe in the street you supported a government ching (see in	1011 40	1101110)	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		ization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

SCITE	edule A (Form 990 of 990-EZ) 2016 MOMS AGAINST POVERTY			65521 Page (
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	ı Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
- 6	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	• <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2018

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

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
RAA		Schodulo A (Fo	rm 000 or 000 E7) 2019

BAA

Schedule A (Form 990 or 990-EZ) 2018

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.)

# **PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE			2018		2017		2016		2015		2014
FUNDRAISING	TOTAL	<u>\$</u> \$	360,199. 360,199.	<u>\$</u> \$	278,263. 278,263.	<u>\$</u> \$	174,549. 174,549.	\$ \$	148,431. 148,431.	\$ \$	205,240. 205,240.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

MOMS AGAINST POVERTY			20-8865521
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter	number) organization	
	4947(a)(1) nonexemp	t charitable trust <b>not</b> treated as	a private foundation
	527 political organizat	tion	
Form 990-PF	501(c)(3) exempt priv	ate foundation	
	4947(a)(1) nonexemp	t charitable trust treated as a p	rivate foundation
	501(c)(3) taxable privi		Trate foundation
	501(c)(5) taxable priv	ate louridation	
Check if your organization is covered by the	e General Rule or a Special Rule.		
<b>Note:</b> Only a section 501(c)(7), (8), or	(10) organization can check boxes	for both the General Rule and	a Special Rule. See instructions.
General Rule			
X For an organization filing Form 990 property) from any one contributor.	), 990-EZ, or 990-PF that received, Complete Parts I and II. See instr	during the year, contributions t uctions for determining a contr	otaling \$5,000 or more (in money or ibutor's total contributions.
Special Rules			
For an organization described in se under sections 509(a)(1) and 170(b)(1 received from any one contributor, Form 990, Part VIII, line 1h; or (ii)	D(A)(vi), that checked Schedule A (Fo	orm 990 or 990-EZ). Part II. line 1	3. 16a. or 16b. and that
For an organization described in seduring the year, total contributions purposes, or for the prevention of contributor name and address), II, and the prevention of the preven	cruelty to children or animals. Com	orm 990 or 990-EZ that receive r religious, charitable, scientific plete Parts I (entering 'N/A' in o	ed from any one contributor, , literary, or educational column (b) instead of the
For an organization described in se during the year, contributions exclu \$1,000. If this box is checked, ente charitable, etc., purpose. Don't com it received nonexclusively religious,	usively for religious, charitable, etc. or here the total contributions that we onplete any of the parts unless the <b>C</b>	, purposes, but no such contrib vere received during the year fo <b>General Rule</b> applies to this org	outions totaled more than or an <i>exclusively</i> religious, ganization because
<b>Caution:</b> An organization that isn't cove 990-PF), but it <b>must</b> answer 'No' on Pa Part I, line 2, to certify that it doesn't m	art IV. line 2. of its Form 990: or ch	eck the box on line H of its For	m 990-EZ or on its Form 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

1 Employer identification number

20-8865521 MOMS AGAINST POVERTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need
--

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAMANEH & SIAVASH TAHBAZOF		Person X  Payroll
	245 WOODSIDE DRIVE	\$100,000.	Noncash
	WOODSIDE, CA 94062		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FARAJ AALAEI & SUSAN AKBARPOUR		Person X  Payroll
	43 FLOOD CIRCLE	\$33,000.	Noncash
	ATHERTON,, CA 94027		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BAY AREA HOPE - OMEED GROUP		Person X  Payroll
	88 KING STREET, #321	\$ 60,000.	Noncash
	SAN FRANCISCO, CA 94107		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOBAK_BAKHTIARI	-	Person X
4	BOBAK BAKHTIARI  1199 EL CAMINO REAL,	\$15,000.	Person X Payroll Noncash
4			Payroll
4 (a) Number	1199 EL CAMINO REAL,		Payroll Noncash Complete Part II for
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  (b)	(c) Total	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person X
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4	(c) Total	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI	(c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
(a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,	(c) Total contributions	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026	(c) Total contributions  \$10,000.	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (Type of contributions.)
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026  Name, address, and ZIP + 4	(c) Total contributions  \$10,000.	Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contributions.)
(a) Number 5 (a) Number	1199 EL CAMINO REAL,  SAN BRUNO, CA 94066  Name, address, and ZIP + 4  BITA DARYABARI  P.O. BOX 1383,  MENLO PARK,, CA 94026  Name, address, and ZIP + 4  MEHRDAD & NEDA ELIE	(c) Total contributions  \$10,000.  (c) Total contributions	Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll  Type of contribution

Schedu	le B (Form 99	90, 990-EZ, c	or 990-PF) (2018)
Name of o	rganization		
MOMS	AGAINST	POVERTY	

2 Employer identification number

20-8865521

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional	space is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	FARHANG KHOSROVI KORDESTANI FOUNDAT	-	Person X Payroll
	5265 BLACKHAWK DR	\$10,000.	Noncash
	DANVILLE,, CA 94506	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NAZILA HABIBIZAD & SHAHAB SADAT-TEH		Person X Payroll
	445 27TH AVE	\$10,000.	Noncash
	SAN MATEO, CA 94403	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HAMIDEH NOURI & NADER HEYDAYIAN	-	Person X
	300 BARBARA WAY	\$10,000.	Noncash
	HILLSBOROUGH,, CA 94010	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4  THE NASIRI FOUNDATION	(c) Total contributions	Person X
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION	(c) Total contributions  \$15,000.	
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION	\$15,000.	Person X Payroll
	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.	\$15,000.	Person X Payroll Noncash  (Complete Part II for
1 <u>0</u> _	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  (b)	\$ 15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  (b)  Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll
10_ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for
10 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  (b)	\$15,000.  \$15,000.  (c)     Total contributions  \$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)
10 _ (a) Number  11 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  Name, address, and ZIP + 4	\$15,000.  \$15,000.  (c)     Total contributions  \$10,000.	Person X Payroll
10 _ (a) Number  11 _ (a) Number	Name, address, and ZIP + 4  THE NASIRI FOUNDATION  24920 LA LOMA CT.  LOS ALTOS HILLS, CA 94022  Name, address, and ZIP + 4  NEDA NOBARI FOUNDATION  33 DIAS DORADOS  ORINDA,, CA 94563  Name, address, and ZIP + 4  YOSEF TAHBAZOF	\$ 15,000.  (c) Total contributions  \$ 10,000.	Person X Payroll

Schedule B (Form 990,	990-E∠, or	990-PF)	(2018)
Name of organization			

Employer identification number

MOMS AGAINST POVERTY

20-8865521

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	Total	Type of contrib

Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u> _	ROYA ANSARI  188 MESA VERDE WAY	\$ <u>5,000</u> .	Person X Payroll Noncash
	SAN CARLOS, CA 94070		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	REZA AKHAVAIN		Person X Payroll
	95 LENNOX	\$ <u>5,000.</u>	Noncash
	IRVINE,, CA 92612		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	NARGES BANIASADI 712 HARVARD AVE	\$ <u>5,000.</u>	Person X  Payroll   Noncash
	MENLO PARK, CA 94025		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	ALI TEHRANCHI		Person X Payroll
	389 1ST ST	\$ <u>5,000</u> .	Noncash
	LOS ALTOS, CA 94022		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	COMERICA		Person X Payroll
	TWO EMBARCADERO CENTER, SUITE	\$ <u>5,</u> 500.	Noncash
	SAN FRANCISCO, CA 94111		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> _	ALI (ED) HADAD		Person X Payroll
	700 S. BERNARDO AVE, #103	\$5,000.	Noncash
	SUNNYVALE, CA 94087		(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of o	rganization		
MOMS	AGAINST	POVERTY	

Employer identification number

20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u> _	SUFI & BAHADOR  625 WOODSIDE DRIVE  WOODSIDE,, CA 94062	\$5,000.	Person X Payroll  Noncash  (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	F. OR A. HARIRI  1169 TRINITY DRIVE  MENLO PARK, CA 94025	\$17,800.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	JHF CONSTRUCTION  124 MONTECITO CRESCENT  WALNUT CREEK, CA 94598	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22_	FARHAD TAGHIBAKHSH		Person X Payroll
	19507 STEVENS CREEK BLVD, STE  CUPERTINO,, CA 95014	\$ <u>5,920.</u>	Noncash (Complete Part II for noncash contributions.)
(a) Number		\$ 5,920.  (c)  Total  contributions	Noncash (Complete Part II for
(a)	CUPERTINO,, CA 95014	(c) Total	Noncash (Complete Part II for noncash contributions.)
(a) Number	CUPERTINO,, CA 95014  Name, address, and ZIP + 4  HAMED KHAKBAZ  8 WEST HARBOR DRIVE	(c) Total contributions	Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for

Name of organization

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Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	FARANGIS OSTOWARI  200 AVILA AVE  SAN MATEO, CA 94402	\$ <u>5,000</u> .	Person X Payroll  Noncash  (Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>26</u> _	KOOROSH OSTOWARI  78 HARRISON AVE  SAUSALITO,, CA 94965	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u> _	QUEST_REAL_ESTATE  1201 HOWARD AVENUE, SUITE 102  BURLINGAME,, CA 94010	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT	Total contributions  \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR	contributions -	Person X Payroll Noncash (Complete Part II for
28	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  (b)	\$ 5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
28_ (a) Number	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  Name, address, and ZIP + 4  SIA CONSULTING  1256 HOWARD STREET	\$ 5,000.	Person X Payroll
(a) Number  29 _  (a) Number  30 _	Name, address, and ZIP + 4  SUSAN & SOHEIL SADAT  939 EAGLE RIDGE DR  DANVILLE,, CA 94506  Name, address, and ZIP + 4  SIA CONSULTING  1256 HOWARD STREET  SAN FRANCISCO, CA 94103	\$5,000.  (c) Total contributions  \$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)

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CONCAGIO B (FORM)	30, 330 EE, 01 330 1 1) (2010)
Name of organization	
MOMS AGAINST	POVERTY

Employer identification number 20-8865521

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_	NOUSHIN ZARKESH  588 BELL ST, UNIT 2306S  SEATTLE,, WA 98121	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MANA KHARRAZI  1068 LYMOOR DRIVE  ATLANTA, GA 30319	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NARGES BANIASSADI 712 HARVARD AVE MENLO PARK, CA 94025	\$ <u>5,500.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
	4.5		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	Name, address, and ZIP + 4  SIMA_TALAI	(c) Total contributions	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
Number	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE	contributions	Person X Payroll Noncash  (Complete Part II for
34_ (a)	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE  SAN FRANCISCO, CA 94116  (b)	\$ 5,100.	Type of contribution  Person X  Payroll   Noncash   (Complete Part II for noncash contributions.)
34_ (a)	Name, address, and ZIP + 4  SIMA TALAI  2180 9 TH AVE  SAN FRANCISCO, CA 94116  (b)	\$ 5,100.	Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

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Name of organization

MOMS AGAINST POVERTY

20-8865521

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N	I/A	. – – –	
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·   ·   ·   ·	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·   ·   ·   ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· ·	
		Schedule B (Form 990, 990-F	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization
MOMS ACATNOT DOVERTY

Employer identification number 20-8865521

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contril ompleting Part III, enter the tota (Enter this information once. S	<b>butor.</b> Comple al of <i>exclusive</i>	te columns <b>(a)</b> through <b>(e) and</b> ely religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	N/A							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ntionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	Rela	ationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee				

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	MOMS AGAINST POVERTY			20-8865521	
Par	t   Organizations Maintaining Dono				
	Complete if the organization answ	wered 'Yes' on Form 990	, Part IV, line 6	·-	
		(a) Donor advised f	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 dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in don- control?	or advised funds Yes No	
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor,	, or for any other p	urpose conferring	
Par					—
Fai	Complete if the organization ans	wered 'Yes' on Form 990	Part IV line 7	,	
1	Purpose(s) of conservation easements held by			·	—
•	Preservation of land for public use (e.g., r	,		a historically important land area	
	Protection of natural habitat	,		a certified historic structure	
	Preservation of open space	L			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation cont	tribution in the form	of a conservation easement on the	
				Held at the End of the Tax Yea	ır
-	Total number of conservation easements				
	Total acreage restricted by conservation ease				
•	: Number of conservation easements on a certif	fied historic structure included	in (a)	. 2c	
(	Number of conservation easements included in structure listed in the National Register			. 2d	
3	Number of conservation easements modified, trar tax year ►	isferred, released, extinguished,	or terminated by the	organization during the	
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy re and enforcement of the conservation easemer				
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violations,	, and enforcing cons	ervation easements during the year	
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and	l enforcing conserva	tion easements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of secti	ion 170(h)(4)(B)(i) Yes No	
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	conservation easements in its reto the organization's financial s	evenue and expense statements that des	statement, and balance sheet, and scribes the organization's accounting for	
Par	Till Organizations Maintaining Colle Complete if the organization answers	ctions of Art, Historical wered 'Yes' on Form 990	<b>Treasures, or C</b> , Part IV, line 8	Other Similar Assets.	
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	n, or research in furt	he statement and balance sheet works of herance of public service, provide,	:
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report public exhibition, education, or	ort in its revenue st research in furthera	atement and balance sheet works of art, ince of public service, provide the	,
	(i) Revenue included on Form 990, Part VIII,				
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to thes	e items:		
	Revenue included on Form 990, Part VIII, line				
	Assets included in Form 990, Part X			▶\$	

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (cont	inued)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that a	re a significant use of its	collection	
a Public exhibition	<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research	e Other				
c Preservation for future generations					
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization	s exempt purpose in		
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	organization's collection	?	Yes	No
Escrow and Custodial Arranger line 9, or reported an amount on	<b>nents.</b> Complete if t i Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	rm 990, f	⊃art IV,
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes	□No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII a					
	·			Amount	
c Beginning balance			1c		
<b>d</b> Additions during the year			1 d		
e Distributions during the year			1e		
f Ending balance					
2 a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.			- 1		H
	•	•			
Part V Endowment Funds. Complete if	the organization an	swered 'Yes' on Fo	orm 990, Part IV, Iir	ne 10.	
(a) Current					years back
1 a Beginning of year balance					
<b>b</b> Contributions					
C Not investment cornings, going					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
<b>q</b> End of year balance					
2 Provide the estimated percentage of the curre	ent vear end balance (lir	ne 1g. column (a)) held	as:	1	
a Board designated or quasi-endowment ►	%				
<b>b</b> Permanent endowment ►					
c Temporarily restricted endowment	%				
The percentages on lines 2a, 2b, and 2c should e					
3a Are there endowment funds not in the possession	n of the organization that a	are held and administered	d for the	Ye	es No
organization by: (i) unrelated organizations				3a(i)	,3 110
(ii) related organizations				3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the related organiza				3b	
4 Describe in Part XIII the intended uses of the	·			. Ju	
		ent iunus.			
Part VI Land, Buildings, and Equipmen		m 000 Part IV line	11a Saa Earm 00	n Bart V	lino 10
Complete if the organization ans		1	1		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Boo	k value
<b>1 a</b> Land	(IIIVOSUIIGIIU)	basis (Utilet)	acpreciation		
<b>b</b> Buildings.					
c Leasehold improvements.					
d Equipment		22 142	2 101		10 050
		22,149.	3,191.		18,958.
e Other	gual Form 000 Dant V	oolumn (D) line 10= 1	<b>.</b>		10 050
Total. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part X, (	coiumn (B), line 10c.)			<u> 18,958.</u>

BAA Schedule D (Form 990) 2018

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments – Program Related.	IV 000	N/A	00 Dark V Bras 12
Complete if the organization answered  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
	(b) book value	(c) Method of Valuation. Cost of end-	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets.			
Complete if the organization answered		), Part IV, line 11d. See Form 9	
	scription		(b) Book value
(1) OTHER RECEIVABLES			3,750.
(2) STOCKS DONATED - NOT SOLD			28,035.
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)	<b>.</b>	31,785.
Part X Other Liabilities.	000 D 1 W 1: 1:	116 0 E 000 D LV I' 0E	
Complete if the organization answered 'Yes' on F		Te or 11f. See Form 990, Part X, line 25.	
(a) Description of liability  (1) Federal income taxes	(b) Book value		
(2) ACCRUED EXPENSES	11,93	9	
(3) SALES TAX PAYABLE	45		
(4)	13		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).			P 1 20 7
<ol><li>Liability for uncertain tax positions. In Part XIII, provide the text of the for tax positions under FIN 48 (ASC 740). Check here if the text of the footnote!</li></ol>	=	· · · · · · · · · · · · · · · · · · ·	

Part XI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ı	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b.		4 c
C Auu iiiles 4a anu 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	L. Carlotte and the control of the c	5
		•
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	Its With Expenses per F	•
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XII Reconciliation of Expenses per Audited Financial Statemen	Its With Expenses per Fart IV, line 12a.	•
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statement</li> <li>Complete if the organization answered 'Yes' on Form 990, Part XII</li> </ul>	Its With Expenses per Fart IV, line 12a.	Return. N/A
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statement</li> <li>Complete if the organization answered 'Yes' on Form 990, Part II.</li> <li>Total expenses and losses per audited financial statements</li> </ul>	its With Expenses per Fart IV, line 12a.	Return. N/A
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statement</li> <li>Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>	ats With Expenses per Fart IV, line 12a.	Return. N/A
<ul> <li>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).</li> <li>Part XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:         <ul> <li>a Donated services and use of facilities.</li> </ul> </li> </ul>	ots With Expenses per Fart IV, line 12a.	Return. N/A
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.	tts With Expenses per Fart IV, line 12a.  2a 2b 2c	Return. N/A
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	tts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XIII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)	tts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part I Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	tts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A  1  2e
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IT Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d	Return. N/A  1  2e
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IT Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d 4a 4b	Return. N/A  1  2e
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IT Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d 4a 4b	Return. N/A  1  2e 3
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII  Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part IT Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	ts With Expenses per Fart IV, line 12a.  2a 2b 2c 2d 4a 4b	Return. N/A  1  2e 3

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

BAA Schedule D (Form 990) 2018

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **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.

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

General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

2018
Open to Public Inspection

Name of the organization

MOMS AGAINST POVERTY

on Form 990, Part IV, line 14b.

Employer identification number

20-8865521

1	For grantmakers. Does the the grantees' eligibility for	e organization mai the grants or assi	ntain records to s stance, and the s	substantiate the amount of its quelection criteria used to award	grants and other assista the grants or assistance	nce, e? Yes No
2	For grantmakers. Describe in United States.	n Part V the organiz	zation's procedures	s for monitoring the use of its gra	nts and other assistance of	outside the
3	Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
					ORPHANAGE,	
(1)	IRAN			PROGRAM SERVICES	SCHOOL, CHILDCARE	706,796.
					OUTREACH PROGRAM	
(2)	CAMBODIA			PROGRAM SERVICES	LEARNING CENT	116,806.
(3)	SENEGAL			PROGRAM SERVICES	BUILDING SCHOOLS	55,000.
<i>(1</i> )	CIEDDA LEONE			DDOGDAM GEDUTGEG	agueer	4 000
(4)	SIERRA LEONE			PROGRAM SERVICES	SCHOOL	4,960.
(5)						
(0)						
(6)						
(-)						
(7)						
(8)						
(9)						
(10)						
<i>.</i>						
(11)						
(12)						
(13)						
(14)						
(15)						
· •/						
(16)						
(17)						
3	a Subtotal					883,562.
ı	Total from continuation sheets to Part I					
	C Totals (add lines 3a and 3b)	0	0			883,562.

20-8865521

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CHILDCARE					
			CAMBODIA	HOME	116,806.				
				ORPHANAGE,					
			IRAN	SCHOOL	706,796.				
			SENEGAL	SCHOOL	59,960.				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	<b>&gt;</b>
3	Enter total number of other organizations or entities	<u> </u>

BAA Schedule F (Form 990) 2018

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)							
(17)							
(18) BAA						Schedule F	(Form 990) 2018

0	Vas 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	X No
r	old the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be equired 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)	Yes	X No
0	old the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' 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).	Yes	X No
e F	Vas 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).	Yes	X No
0	oid the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' 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)	Yes	X No
/1	old 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)	Yes	X No

BAA TEEA3505L 11/02/18 Schedule F (Form 990) 2018

# 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.

BAA TEEA3504L 11/02/18 Schedule F (Form 990) 2018

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 20-8865521 MOMS AGAINST POVERTY **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 \$5,000.

			(a) Event #1 SAN FRANCISCO	(b) Event #2 ORANGE COUNTY	(c) Other events	(d) Total events (add column (a)			
R E			(event type)	(event type)	(total number)	through column (c)			
REVENUE	1	Gross receipts	427,213.	57,649.	19,626.	504,488.			
E	2	Less: Contributions	105,472.	19,191.	19,626.	144,289.			
	3	Gross income (line 1 minus line 2)	321,741.	38,458.		360,199.			
	4	Cash prizes							
D	5	Noncash prizes							
D I R E C T	6	Rent/facility costs	16,500.	9,750.		26,250.			
	7	Food and beverages	15,540.	5,833.	5,198.	26,571.			
X P	8	Entertainment	32,117.	2,087.		34,204.			
EXPENSES	9	Other direct expenses	61,436.	5,183.	40,481.	107,100.			
S	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr				194,125. 166,074.			
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Par	t IV, line 19, or rep	·			
R E V E N U E		•	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
E E	1	Gross revenue							
F	2	Cash prizes							
D I RECT	3	Noncash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		<b>&gt;</b>				
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	ın (d)					
a b	Is th	er the state(s) in which the organization come organization licensed to conduct gaming o,' explain:	g activities in each of th	nese states?		— Ш 			
	b If 'Yes,' explain:								

Sche	edule G (Form 990 or 990-EZ) 2018 MOMS AGAINST POVERTY	0-88655	521	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Γ	Yes	No
		L		шио
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			%
	an outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name •			
	Address ►		- — — — -	
15:	Does the organization have a contract with a third party from whom the organization receives gaming revenu	ıe?	□Yes	No
	of f 'Yes,' enter the amount of gaming revenue received by the organization► \$ and the			
-	of gaming revenue retained by the third party > \$			
(	: If 'Yes,' enter name and address of the third party:			
	Name •			
	Address ►			
	Addices -			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
á	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the			
	state gaming license?		Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Par	organization's own exempt activities during the tax year ► \$ <b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co	umns (ii	i) and (\	<u>v.</u>
ı uı	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an	y additio	nal	','
	information. See instructions.			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MOMS AGAINST POVERTY						Employer identification	ation number			
	20-886552	1								
Part I General Information on Grants and Assistance										
1 Does the organization maintain records the selection criteria used to award t	to substantiate the am the grants or assistan	ount of the grants or ce?	assistance, the grantees	d' eligibility for the grants	or assistance, and		Yes X No			
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
<b>Part II</b> Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
<u>(1)</u>										
(2)										
(3)										
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>										
(7)										
(8)										
2 Enter total number of section 501(c)	(3) and government o	organizations listed	in the line 1 table				C			

3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to can be duplicated if additional states.	to Domestic Individ space is needed.	uals. Complete if t	the organization an	swered 'Yes' on Form	990, Part IV, line 22. Part III
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Pro	ovide the information	n required in Part	I, line 2; Part III, co	olumn (b); and any other	er additional information.

### **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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Types of Property

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization Employer identification number 20-8865521 MOMS AGAINST POVERTY

	•	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of deteri contribution	mining n amoi	unts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory.							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts.							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the organization d							
	organization completed Form 8283, Part IV, Done	e Acknowle	dgement		29			
						Yes	s N	lo
30a	During the year, did the organization receive by contri							
	it must hold for at least three years from the date							
	for exempt purposes for the entire holding period?	<i>?</i>				30 a		<u>X</u>
	of If 'Yes,' describe the arrangement in Part II.				2	24		3.7
	Does the organization have a gift acceptance police				ns/	31	_	Χ
	Does the organization hire or use third parties or noncash contributions?	•				32 a		X
	If 'Yes,' describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2018

Part II 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.

BAA TEEA4602L 10/22/18 Schedule M (Form 990) 2018

#### **SCHEDULE 0** (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 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

MOMS AGAINST POVERTY 20-8865521

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

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

SEE SCH. O

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

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.