## 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	2019 calenda	ar year, or tax year beginning Aug. 1 , 2019, and endi	ng	Jul. 31	, 20 20		
В	Check if applicable: C Nan		C Name of organization 2	D Emp	loyer ide	ntification number		
	Address change M		Mothers of Multiples Society			1236681		
	Name change		Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite <b>E</b> Tele	E Telephone number			
$\overline{}$	Initial retu		8547 E Arapahoe Rd		(303	3)586-3121		
$\overline{}$	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			PARTICIPATION BY A STREET		
		on pending	Greenwood Village, CO 80112	1.00	F Group Exemption Number ▶ 2			
		ting Method:	✓ Cash			the organization is <b>not</b>		
	Website		ersofmultiples.com	0.00				
J T	ax-exer		ck only one) - ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			ch Schedule B :: EZ, or 990-PF).		
			Corporation Trust Association Other	(1 01111 0	700, 000	L2, 01 330 1 1 j.		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it	total assets				
(Pa	rt II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	total assets	<b>&gt;</b> 6	139,511		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see		ctions			
			the organization used Schedule O to respond to any question in this P	ort I	CHOIS	ior Part I)		
?1	1	Contributio	ns, gifts, grants, and similar amounts received	arti				
?	8				1	24,180		
?	the second second		ervice revenue including government fees and contracts		2	13,832		
?			p dues and assessments		3			
			income		4	6		
	5a		unt from sale of assets other than inventory 5a					
	b		or other basis and sales expenses		ARK HO			
	, c		s) from sale of assets other than inventory (subtract line 5b from line 5a)		5c			
	6		d fundraising events:					
9	a	A CONTRACTOR OF THE CONTRACTOR	ome from gaming (attach Schedule G if greater than		SELEC			
Revenue	-		6a					
eve	b		me from fundraising events (not including \$ of contributions avents reported on line 1) (attack Calculus Cifette	utions				
ď			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000)   6b	7010707187918				
	_			101,210	10000000			
	C		expenses from gaming and fundraising events 6c	96,990				
	"		or (loss) from gaming and fundraising events (add lines 6a and 6b and					
	-				6d	4,220		
			of inventory, less returns and allowances					
	b		of goods sold					
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)		7c			
	8	Other rever	ue (describe in Schedule O)		8	283		
	9	Total rever	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	42,521		
Expenses	10		similar amounts paid (list in Schedule O)					
	11	Benefits pa	id to or for members	v v v	11			
	12		ner compensation, and employee benefits 🔯					
	13		If fees and other payments to independent contractors 🍱					
	14		, rent, utilities, and maintenance					
	15	Printing, pu	blications, postage, and shipping		15			
	16		nses (describe in Schedule O) 🔯		16	27,087		
	17	Total expe	nses. Add lines 10 through 16	>	17	27,087		
Net Assets	18	Excess or (	deficit) for the year (subtract line 17 from line 9)		18	15,434		
	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must a	gree with				
	13-54		figure reported on prior year's return)		19	28,457		
let	20	Other change	Other changes in net assets or fund balances (explain in Schedule O)					
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	•	21	43,891		

Market Sales	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	28,457	22	43,891
23	Land and buildings	* * * * *			23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			28,457	25	43,891
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			28,457	27	43,891
Par	Statement of Program Service Accom			C - C - C - C - C - C - C - C - C - C -		
Printer Comment	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹	/D-	Expenses
Wha	it is the organization's primary exempt purpose?	See Schedule O			111	quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each o	f its three largest p	rogram services,		anizations; optional for
as n	neasured by expenses. In a clear and concise m	nanner, describe the			othe	ers.)
pers	ons benefited, and other relevant information for ea	ach program title.				
28	Winter Event - for parents and their children to foste	r relationship within	the group			
?1	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	•	<b>28</b> a	5,825
29	Car Seat Safety Events - providing members and the	community with car	seat installment eve	nts to ensure		
	car seats are installed properly and to provide safety	y training on car seat	safety for infants an	d young children		
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	🕨 🗌	<b>29</b> a	3,097
30	Foster Closet - provides community members in nee	ed with clothing and o	other essential items	to care for		
	children					
	(Grants \$ ) If this amount	🕨 🔲	30a	2,250		
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount					
	diants \$\psi\$	includes foreign gra	ants, check here .	▶ 🗆	31a	a
32	Total program service expenses (add lines 28a				31a	
		through 31a)		🕨	32	11,172
	Total program service expenses (add lines 28a	through 31a) y Employees (list eacl	n one even if not com	pensated—see the in	32 stru	11,172
	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key	through 31a)  y Employees (list each O to respond to a	n one even if not coming question in this  (c) Reportable	pensated—see the in Part IV	32 stru	ctions for Part IV)
	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this (c) Reportable compensation	pensated—see the in Part IV	32 stru	ctions for Part IV)
	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a)  y Employees (list each O to respond to an (b) Average	n one even if not coming question in this  (c) Reportable	pensated—see the in Part IV	32 stru	ctions for Part IV)
Par	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 stru	ctions for Part IV)
Par	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama	Total program service expenses (add lines 28a to the List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident nda Coffee-Stansbury	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident nda Coffee-Stansbury etary	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand	Total program service expenses (add lines 28a to 17	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cano Mem	Total program service expenses (add lines 28a to 10	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cano Mem Lisa Trea	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident nda Coffee-Stansbury etary dra Talley bership Director Lajimodiere surer	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly	Total program service expenses (add lines 28a to 17	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi	Total program service expenses (add lines 28a to IV)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident ident inda Coffee-Stansbury etary dra Talley bership Director Lajimodiere surer y Walsh	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hann	Total program service expenses (add lines 28a to 1V)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident ident ident organization used Schedule  y Weber ident iden	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech	Total program service expenses (add lines 28a to 1V)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident iden	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina	Total program service expenses (add lines 28a to 1V)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident nda Coffee-Stansbury etary dra Talley bership Director Lajimodiere surer y Walsh stant Treasurer nah Marxer inology Director Korkolis	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina Mark	Total program service expenses (add lines 28a to 17	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina Mark Laris	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident inda Coffee-Stansbury etary dra Talley bership Director Lajimodiere surer y Walsh stant Treasurer inah Marxer inology Director Korkolis seting Director isa Nattrass	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina Mark Laris Sale	Total program service expenses (add lines 28a to 17	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina Mark Laris Sale Jodi	Total program service expenses (add lines 28a to 17	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina Mark Laris Sale Jodi Sale	Total program service expenses (add lines 28a to IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Weber (a) Name and title (b) Name and title (c) N	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina Mark Laris Sale Jodi Sale Emil	Total program service expenses (add lines 28a to IV)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  y Weber ident Inda Coffee-Stansbury etary dra Talley bership Director Lajimodiere surer y Walsh stant Treasurer mah Marxer mology Director Korkolis leting Director sa Nattrass Director Hodge Co-Director y Rachubinski	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	ctions for Part IV)
Colb Pres Ama Secr Cand Mem Lisa Trea Molly Assi Hanr Tech Gina Mark Laris Sale Jodi Sale Emily Supp	Total program service expenses (add lines 28a to IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Weber (a) Name and title (b) Name and title (c) N	through 31a)  v Employees (list each of O to respond to an of (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	32 stru	ctions for Part IV)

**Fundraising Director** 

Janelle Smith

**Social Director** 

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	motifications for the trip original and a contraction door or the composite to say queen		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O. See instructions	34		~
SSA	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a				
b	Did the organization file Form 1120-POL for this year?	37b	Restricted:	V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved	30a		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e	USE AFTERNOON	V
41	List the states with which a copy of this return is filed ▶ Colorado			
42a	The organization o books are in our our	(303)58		1
h	Located at ► 8547 E Arapahoe Rd, Ste. J341, Greenwood Village, CO  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80	112 Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country ▶			W. Ba
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	- sec - se	. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-
C	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	_	
45a		45a		V
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			_
		100	1	

									Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behal	of or	in opposit	tion	24.3	
	to ca	ndidates for public office? If "Yes," o	complete Schedule C,	Part I				. 46		V
Part '		Section 501(c)(3) Organizations		-ti 17 10h	- 1 50			- 4-1-1	f 1!	44
		All section 501(c)(3) organization: 50 and 51.	s must answer que	stions 47–49b at	na 52, ar	a cor	npiete th	e tables	for lin	es
			andula O to respond	to any question	in this Da	+ \/I				
Check if the organization used Schedule O to respond to any question in this Part VI									Yes	No
47	Did t	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax								140
		ar? If "Yes," complete Schedule C, Part II								1
48		he organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								V
49a		d the organization make any transfers to an exempt non-charitable related organization?.						7.11	+	V
b		Yes," was the related organization a section 527 organization?							+	
50		nplete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key								
	emple	oyees) who each received more than	\$100,000 of comper	sation from the or	ganizatio	n. If th	ere is non	e, enter "l	None.'	,
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contrib	outions to plans, a	alth benefits, ons to employee ns, and deferred pensation  (e) Estimated a other compen			
None										
f	Total	number of other employees paid over	er \$100,000	. >						
51		olete this table for the organization', 000 of compensation from the orga				ctors	who each	received	l more	than
		Name and business address of each independ		(b) Type of			(c)	Compensa	tion	
None						_				
						_				
						$\neg$				
-						$\dashv$				
					8					
d		al number of other independent contractors each receiving over \$100,000 ▶								
52		the organization complete Schedu eleted Schedule A						na . <b>⊳</b>	s 🔲	No
Under pe	enalties	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and stat	tements, and	to the	best of my kr	nowledge an	d belief,	it is
	, 50t, an	L Complete. Decidiation of proparer (other than			uny		<b>3</b> 5 6			
Sign		Signature of officer				Date				
Here	21	2								
	Type or print hame and title						1	1		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepa	arer						self-emplo	yed		
Use (						Firm's EIN ▶				
Marith	o IDC	Firm's address ► discuss this return with the preparer	shown about 2 Can !	netructions			ne no.	► □ v-		No
IVIAV TO	IE INO	discuss this return with the preparer	SHOWII above! See I					1 16	<b>5</b>	140