

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

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning Aug. 1, 2019, and ending Jul. 31, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Mothers of Multiples Society. D Employer identification number: 841236681. E Telephone number: (303)586-3121. F Group Exemption Number.

G Accounting Method: Cash. H Check if the organization is not required to attach Schedule B.

I Website: mothersofmultiples.com

J Tax-exempt status (check only one) - 501(c)(3).

K Form of organization: Corporation.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 139,511

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Values include 24,180, 13,832, 6, 101,210, 96,990, 4,220, 283, 42,521, 27,087, 15,434, 28,457, 43,891.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,457	43,891
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	28,457	43,891
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,457	43,891

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>Winter Event - for parents and their children to foster relationship within the group</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,825
29 <u>Car Seat Safety Events - providing members and the community with car seat installment events to ensure car seats are installed properly and to provide safety training on car seat safety for infants and young children</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,097
30 <u>Foster Closet - provides community members in need with clothing and other essential items to care for children</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,250
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	11,172

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Colby Weber President	7	0	0	0
Amanda Coffee-Stansbury Secretary	3	0	0	0
Candra Talley Membership Director	5	0	0	0
Lisa Lajimodiere Treasurer	3	0	0	0
Molly Walsh Assistant Treasurer	3	0	0	0
Hannah Marxer Technology Director	1	0	0	0
Gina Korkolis Marketing Director	1	0	0	0
Larissa Natrass Sale Director	2	0	0	0
Jodi Hodge Sale Co-Director	2	0	0	0
Emily Rachubinski Support Director	1	0	0	0
Carol Chavez Fundraising Director	1	0	0	0
Janelle Smith Social Director	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**