Taxpayer Copy

TIN:

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

**2022** 

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

Open to Public Inspection

OMB No. 1545-0047

|                                |        | ne 202 ca<br>applicable:                     | lendar year, or tax year beginni C Name of organization MORMON WOMEN FOR ETHICAL GOV              |   | 12-31-2    | .022               | D Employ                | er identification n       | umber            |  |
|--------------------------------|--------|--|---|---|------------|--------------------|-------------------------|---------------------------|------------------|--|
|                                |        | change                                       | MORMON WOMEN FOR ETHICAL GOV  | EKINMENT                                |            |                    | 82-1803                 | 3803                      |                  |  |
|                                |        | hange<br>eturn                               | Doing business as   |   |            |                    | -                       |                           |                  |  |
|                                |        | rn/terminated                                |   |   |            |                    | E Telephon              | a number                  |                  |  |
|                                |        | d return<br>ion pending                      | Number and street (or P.O. box if ma<br>1878 W 12600 S Ste 321                                    | il is not delivered to street address)  | Room/suite | 2                  | E Telephon              | e number                  |                  |  |
|                                |        |  | City or town, state or province, count<br>Riverton, UT 84065                                      | ry, and ZIP or foreign postal code      |            |                    | <b>G</b> Gross re       | ceipts \$ 240,220         |                  |  |
|                                |        |  | <b>F</b> Name and address of principal<br>Emma Petty Addams                                       | officer:                                |            | <b>H(a)</b> Is the | nis a group re          | turn for                  |                  |  |
|                                |        |  | 1878 W 12600 S Ste 321  |   |            |                    | ordinates?              |                           | ′es 🔽No          |  |
|                                |        | mat status                                   | Riverton , UT 84065   |   |            |                    | all subordinat<br>uded? | es 🗀 '                    | Yes □No          |  |
| 1 la                           | к-ехе  | mpt status:                                  | □ 501(c)(3) ✓ 501(c)(4) ◀(i   | nsert no.) 4947(a)(1) or                | J 527      |                    |                         | ist. See instruction      | ons.             |  |
| J W                            | ebsi   | te:▶ ww                                      | w.mweg.org  |   |            | n(c) Gro           | up exemption            | number •                  |                  |  |
| <b>K</b> Forr                  | n of o | organization                                 | Corporation Trust Assoc   | ation Other ►                           |            | Year of for        | mation: 2017            | <b>M</b> State of legal d | omicile: UT      |  |
| Pa                             | art I  | Sum  | mary  |   | 1          |                    |                         | <u> </u>                  |                  |  |
|                                |        |  | scribe the organization's mission or  |   |            |                    |                         | for athion                |                  |  |
| Ce                             |        | 10 inspire                                   | women of faith to be ambassadors  | or peace wno transcend partisa          | nsnip and  | courageou          | isiy advocate           | for etnical govern        | ıment.           |  |
| a                              |        |  |   |   |            |                    |                         |                           |                  |  |
| E E                            |        |  |   |   |            |                    |                         |                           |                  |  |
| Governance                     |        |  | is box $lacktriangleright \square$ if the organization disc<br>of voting members of the governing |   |            |                    |                         | ssets.                    | 8                |  |
| ×                              |        |  | •   |   |            |                    |                         | 4                         | 8                |  |
| es                             | 4      |  | of independent voting members of  |   | -          |                    | •                       |                           |                  |  |
| Ě                              | 5      |  | nber of individuals employed in cale  |   | )          |                    | •                       | 6                         | 100              |  |
| Activities &                   | 6      |  | nber of volunteers (estimate if nece  | • •                                     |            |                    |                         |                           | 100              |  |
| 4                              | 7a     |  | elated business revenue from Part \<br>lated business taxable income from                         |   |            |                    | •                       | 7a<br>7b                  | 0                |  |
|                                | D      | net unre                                     | lated business taxable income from  | FORTH 990-1, Part 1, IIIIe 11 .         |            | · · ·              | · · ·                   |                           |                  |  |
|                                |        | Contribut                                    | sions and grants (Dort VIII line 1h)  |   |            | P                  | rior Year               | Curren                    |                  |  |
| 2                              |        |  | cions and grants (Part VIII, line 1h)   |   | •          |                    |                         |                           | 240,220          |  |
| Revenue                        | 9      | Program service revenue (Part VIII, line 2g) |   |   |            |                    |                         | 0                         |                  |  |
| å                              |        |  |   |   | •          |                    |                         |                           | 0                |  |
|                                |        |  | venue (Part VIII, column (A), lines 5   |   | . 12\      |                    |                         | 0                         | 240,220          |  |
|                                |        |  | enue—add lines 8 through 11 (mus<br>nd similar amounts paid (Part IX, co                          |   |            |                    |                         | 0                         | 0                |  |
|                                |        |  | paid to or for members (Part IX, col  |   |            |                    |                         |                           | 0                |  |
|                                |        |  | other compensation, employee ber  |   |            |                    |                         |                           | 134,268          |  |
| Exp enses                      |        | •  | onal fundraising fees (Part IX, colum   | , | 3-10)      |                    |                         |                           | 134,200          |  |
| 듄                              |        |  | raising expenses (Part IX, column (D), li   | , ,                                     | •          |                    |                         |                           |                  |  |
| 쨟                              |        |  | penses (Part IX, column (A), lines 1  | · -                                     |            |                    |                         |                           | 101,937          |  |
|                                | 18     |  | enses. Add lines 13–17 (must equa   | •                                       | •          |                    |                         | 0                         | 236,205          |  |
|                                |        | -  | less expenses. Subtract line 18 fro   |   |            |                    |                         | 0                         | 4,015            |  |
| or<br>Ses                      |        | Revenue                                      | less expenses. Subtract line 10 110   |   | •          | Beginnin           | g of Current Yo         |                           |                  |  |
| Net Assets or<br>Fund Balances | 20     | Total acc                                    | ets (Part X, line 16)   |   |            |                    | 27.0                    | )E2                       | 02 E00           |  |
| Ass                            |        |  | ilities (Part X, line 26)   |   | •          |                    | 37,9                    |                           | 83,508<br>15,143 |  |
| ĕĕ                             |        |  | ts or fund balances. Subtract line 2  | 1 from line 20                          | •          |                    | 34,4                    |                           | 68,365           |  |
|                                |        |  |   | 1 110111 111110 20                      |            |                    | 34,4                    | 137                       | 00,303           |  |
|                                | rt II  |  | ature Block<br>erjury, I declare that I have examir   | and this return, including accom        | nanvina sa | rhodulos a         | nd statements           | and to the hest           | t of my          |  |
| know                           | ledge  | e and belie                                  | f, it is true, correct, and complete.   |   |            |                    |                         |                           |                  |  |
| any k                          | nowl   | edge.  |   |   |            |                    |                         |                           |                  |  |
| c:                             |        |  | ture of officer   |   |            |                    | 2023-05-04<br>Date      |                           |                  |  |
| Sign<br>Here                   |        |  |   |   |            |                    |                         |                           |                  |  |
|                                | •      |  | ina Black Business Manager<br>or print name and title   |   |            |                    |                         |                           |                  |  |
|                                |        |  | rint/Type preparer's name   | Preparer's signature                    | Dat        | e I                |                         | PTIN                      |                  |  |
| Paid                           | ł      |  |   |   |            | С                  | heck if if elf-employed |                           |                  |  |
| Pre                            |        | er 🕞   | ïrm's name  | •                                       |            |                    | irm's EIN 🕨             |                           |                  |  |
| Use                            |        | ntv –  | irm's address -   |   |            |                    | hana r -                |                           |                  |  |
|                                |        |  | ïrm's address 🕨   |   |            | P                  | hone no.                |                           |                  |  |
|                                |        |  |   |   |            |                    |                         |                           |                  |  |
| May t                          | he IF  | RS discuss                                   | this return with the preparer show  | n above? (see instructions) .           |            |                    |                         | ☐ Yes ☐ I                 | No               |  |

| Form  | 990 (2  | .022)  |                        |                          |                           |   | Page <b>2</b>              |  |  |  |
|-------|---------|--|------------------------|--------------------------|---------------------------|---|----------------------------|--|--|--|
| Pa    | rt III  | Statement  | of Program Sei         | rvice Accomplish         | nments                    |   |                            |  |  |  |
|       |         | Check if Sche  | edule O contains a re  | esponse or note to a     | ny line in this Part III  |   | 🗹                          |  |  |  |
| 1     | Briefly | describe the o   | organization's missi   | on:                      |                           |   |                            |  |  |  |
| To in | spire w | omen of faith t  | o be ambassadors o     | of peace who transce     | nd partisanship and co    | ourageously advocate for ethical gov        | vernment.                  |  |  |  |
|       |         |  |                        |                          |                           |   |                            |  |  |  |
| 2     | Did th  | Did the organization undertake any significant program services during the year which were not listed on                                     |                        |                          |                           |   |                            |  |  |  |
|       | the pr  | the prior Form 990 or 990-EZ?  |                        |                          |                           |   |                            |  |  |  |
|       | If "Ye  | If "Yes," describe these new services on Schedule O.   |                        |                          |                           |   |                            |  |  |  |
| 3     | Did th  | Did the organization cease conducting, or make significant changes in how it conducts, any program   |                        |                          |                           |   |                            |  |  |  |
|       | servic  | services?  |                        |                          |                           |   |                            |  |  |  |
|       | If "Ye  | s," describe the   | ese changes on Sch     | edule O.                 |                           |   |                            |  |  |  |
| 4     |         | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |                        |                          |                           |   |                            |  |  |  |
|       |         | Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, |                        |                          |                           |   |                            |  |  |  |
|       | and re  | evenue, if any,  | for each program se    | ervice reported.         |                           |   |                            |  |  |  |
| 4a    | (Code   | <u> </u>   | 0 ) (Expenses \$       | 46,749                   | including grants of \$    | 30,000 ) (Revenue \$                        | 30,000 )                   |  |  |  |
| 70    | •       |  | , , ,                  | •                        |                           | pecially Arizona, Idaho, Nevada, and Utah   |                            |  |  |  |
|       |         | g for creation foe   | asing on davocacy and  | eddedion in the South    | western omeed states, esp | rectally relization, revealed, and ottall   | ·                          |  |  |  |
| 4b    | (Code   | e:   | ) (Expenses \$         | 44,482                   | including grants of \$    | 42,500 ) (Revenue \$                        | 42,500 )                   |  |  |  |
|       | Prote   | cting Democracy  | focusing on advocacy a | and education especially | to strengthen voting and  | election processes at the federal level and | d in the state of Arizona. |  |  |  |
| 4c    | (Code   | 2:   | ) (Expenses \$         | 16,846                   | including grants of \$    | 13,471 ) (Revenue \$                        | 20,000 )                   |  |  |  |
|       | •       |  | , , , , ,              | •                        | 3 3                       | ng. The lawsuit and education surroundir    | • •                        |  |  |  |
|       | challe  | inge the affront to  | o fair representation. |                          |                           |   |                            |  |  |  |
| 4d    | Othe    | r program serv   | vices (Describe in Sc  | chedule O.)              |                           |   |                            |  |  |  |
|       |         | enses \$   | 2,469                  | including grants of      | \$                        | ) (Revenue \$                               | )                          |  |  |  |
| 4e    | Tota    | l program sei  | rvice expenses 🕨       | 110,5                    | 46                        |   |                            |  |  |  |

| Pai | TIV 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   |     | No |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | Yes |    |
| 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   |     | No |
| 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   |     |    |
| 5   | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   | Yes |    |
| 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? <i>If "Yes," complete Schedule D,</i> Part I  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III   | 8   |     | No |
| 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? <i>If "Yes," complete Schedule D, Part IV</i>             | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>  | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.   |     |     |    |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.   | 11a |     | No |
|     | 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? <i>If "Yes," complete Schedule D, Part VII</i>   | 11b |     | No |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |     | No |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e |     | No |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |     | No |
| 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 |     | No |
| 13  | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | No |
| b   | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b |     | No |
| 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  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | No |
| 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions  | 17  |     | No |
| 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  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | No |
| b   | 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  |     | No |

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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  |               | No              |
| 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  |               | No              |
| 24a | 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 |               | No              |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |               |                 |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |               |                 |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |               |                 |
| 25a | 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 |               | No              |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  | 25b |               | No              |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |               | No              |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i> | 27  |               | No              |
| 28  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |               |                 |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>   | 28a |               | No              |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |               | No              |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>   | 28c |               | No              |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | 29  |               | No              |
| 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  |               | No              |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |               | No              |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N. Part II</i>   | 32  |               | No              |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |               | No              |
| 34  | 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  | Yes           |                 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |               | No              |
|     | 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 |               | No              |
| 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  | Yes           |                 |
| 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  |               | No              |
| 38  |   |     |               |                 |
| Pa  |   |     |               |                 |
|     | Check if Schedule O contains a response or note to any line in this Part V  |     |               |                 |
| 12  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   23  |     | Yes           | No              |
|     | Enter the number of Forms W-2G included on 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?  | 1c  |               | No              |
|     |   |     | orm <b>99</b> | <b>0</b> (2022) |

| Form | 990 (2022)  |                               |     |     | Page           |
|------|---|-------------------------------|-----|-----|----------------|
| Pa   | Statements Regarding Other IRS Filings and Tax Compliance (continue)  | nued)                         |     |     |                |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   | <b>a</b> 2                    |     |     |                |
| b    | If at least one is reported on line 2a, did the organization file all required federal employmen <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See   |                               | 2b  | Yes |                |
| За   | Did the organization have unrelated business gross income of $$1,000$ or more during the year   | ar?                           | 3a  |     | No             |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S  | Schedule O                    | 3b  |     |                |
|      | At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f If "Yes," enter the name of the foreign country:  | inancial account)?            | 4a  |     | No             |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin  | nancial Accounts (FBAR).      |     |     |                |
|      | Was the organization a party to a prohibited tax shelter transaction at any time during the t   | •                             | 5a  |     | No             |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax she   | Iter transaction?             | 5b  |     | No             |
|      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |                               | 5c  |     |                |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible as charitable contributions?  |                               | 6a  | Yes |                |
|      | If "Yes," did the organization include with every solicitation an express statement that such not tax deductible?   | contributions or gifts were   | 6b  | Yes |                |
| 7    | Organizations that may receive deductible contributions under section 170(c).   |                               | _   |     |                |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?   | partly for goods and services | 7a  |     | No             |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided  | ?                             | 7b  |     |                |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?  | which it was required to file | 7c  |     | No             |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year   | d                             |     |     |                |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal   | benefit contract?             | 7e  |     | No             |
| f    | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |                               |     |     | No             |
| _    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |                               |     |     | No             |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |                               |     |     | No             |
| 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? $\cdot$ .  |                               | 8   |     | No             |
| 9    | Sponsoring organizations maintaining donor advised funds.   |                               |     |     |                |
|      | Did the sponsoring organization make any taxable distributions under section 4966?  |                               | 9a  |     |                |
| 10   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related per <b>Section 501(c)(7) organizations.</b> Enter:  | Son?                          | 9b  |     |                |
|      | Initiation fees and capital contributions included on Part VIII, line 12   10   | ا دا                          |     |     |                |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |                               |     |     |                |
| 11   | Section 501(c)(12) organizations. Enter:  | -                             |     |     |                |
| а    | Gross income from members or shareholders   | a                             |     |     |                |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources   |                               |     |     |                |
|      | against amounts due or received from them.)   | b                             |     |     |                |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i  | n lieu of Form 1041?          | 12a |     |                |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  | ь                             |     |     |                |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  | •                             | 1   |     |                |
| а    | Is the organization licensed to issue qualified health plans in more than one state?<br>$ \textbf{Note.} \   \textbf{See} \   the instructions for additional information the organization must report on Scheduler for the organization of the organization o$ | ule O.                        | 13a |     |                |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | ь                             |     |     |                |
| С    | Enter the amount of reserves on hand  | 3c                            |     |     |                |
|      | Did the organization receive any payments for indoor tanning services during the tax year?  |                               | 14a |     | No             |
|      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in  |                               | 14b |     |                |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than $\$1,000,000$ parachute payment(s) during the year?  | in remuneration or excess     | 15  |     | No             |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net in If "Yes," complete Form 4720, Schedule O.   | nvestment income?             | 16  |     | No             |
| 17   | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operat that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . If "Yes," complete Form 6069.   | or engage in any activities   | 17  |     | No             |
|      |   |                               |     |     | <b>0</b> (2022 |

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**Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to ines 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 Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 8 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? No 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? .  $\ \, \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} \, \, \textbf{.}$ 4 No Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No 5 Did the organization have members or stockholders? . . . . . . . . . . . . . . . . 6 6 No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes 7b No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Yes No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Yes If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b Yes and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . 14 No 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a **a** The organization's CEO, Executive Director, or top management official . Yes 15b No If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No 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 organization's exempt Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 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. ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19

policy, and financial statements available to the public during the tax year.

► Christina Black 8527 E Kael St Mesa, AZ 85207 (702) 277-0594

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State the name, address, and telephone number of the person who possesses the organization's books and records:

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|-----------------|--------|
|                 |        |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

|  |  | gamza   |                       | (C)     |              | outeu t                      | 411. y  | current officer, dire (D)  |   | (F)  |  |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|--|--|
| <b>(A)</b><br>Name and title           | (B) Average hours per week (list any hours for related | Position (do not check more<br>than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                              | er<br>) | Reportable<br>compensation<br>from the<br>organization<br>(W-2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | Estimated amount of other compensation from the organization and |  |
|  | organizations<br>below dotted<br>line)                 | Individual trustee<br>or director   | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  | MISC/1099-<br>NEC)   | MISC/1099-<br>NEC)  | related<br>organizations   |  |
| (1) Lori Hickman<br>Board Chair        | 10.00  |   | х                     |         |              |                              |         | 0  | 0   | C  |  |
| (2) Denise Grayson                     | 10.00  |   |                       |         |              |                              |         |  |   |  |  |
| Board Vice Chair                       |  |   | Х                     |         |              |                              |         | 0  | 0   | C  |  |
| (3) Stefanie Condie                    | 10.00<br>10.00   |   |                       |         |              |                              |         |  |   |  |  |
| Board Secretary                        | 10.00  |   | X                     |         |              |                              |         | 0  | 0   | C  |  |
| (4) Patrice Mano                       | 10.00  |   | V                     |         |              |                              |         | 0  | 0   | (  |  |
| Board Treasurer                        | 10.00  |   | Х                     |         |              |                              |         | 0  | U   |  |  |
| (5) Rachel Esplin Odell                | 10.00  |   | V                     |         |              |                              |         |  | 0   | 0  |  |
| Member of Board                        | 10.00  |   | Х                     |         |              |                              |         | 0  | 0   | C  |  |
| (6) Tracy Nutall Member of Board       | 10.00  |   |                       |         |              |                              | х       | 0  | 0   | C  |  |
| (7) Jill Piacitelli                    | 10.00  |   |                       |         |              |                              |         |  |   |  |  |
| Member of Board                        |  |   | Х                     |         |              |                              |         | 0  | 0   | C  |  |
| (8) Karen Hall                         | 10.00<br>10.00   |   |                       |         |              |                              |         |  |   |  |  |
| Member of Board                        | 10.00  |   | Х                     |         |              |                              |         | 0  | 0   | C  |  |
| (9) Antonella Packard  Member of Board | 10.00  |   | Х                     |         |              |                              |         | 0  | 0   | C  |  |
| (10) Shauna Summers                    | 10.00<br>10.00   |   |                       |         |              |                              |         |  |   |  |  |
| Member of Board                        | 10.00  |   |                       |         |              |                              | Х       | 0  | 0   | C  |  |
| (11) Emma Petty Addams                 | 40.00  | Х   |                       |         |              |                              |         | 0  | 0   | 0  |  |
| Executive Director                     | 40.00  |   |                       |         |              |                              |         | · ·  | 0   |  |  |
| (12) Jennifer Walker Thomas            | 40.00  |   |                       |         |              |                              |         | 0  | 0   |  |  |
| Executive Director                     | 40.00  | Х   |                       |         |              |                              |         | 0  | 0   | C  |  |
|  |  |   |                       |         |              |                              |         |  |   |  |  |
|  |  |   |                       |         |              |                              |         |  |   |  |  |
|  |  |   |                       |         |              |                              |         |  |   |  |  |
|  |  |   |                       |         |              |                              |         |  |   |  |  |
|  |  |   |                       |         |              |                              |         |  |   |  |  |

Form 990 (2022) Page **8** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and title (B) Average (**D**) Reportable **(E)** Reportable (C)
Position (do not check more **(F)** Estimated than one box, unless person is both an officer and a compensation compensation hours per amount of other from related organizations (Wcompensation from the week (list from the organization (Wany hours for director/trustee) 2/1099-MISC/1099-NEC) 2/1099-MISC/1099-NEC) organization and related related Officer Former Highest compensated employee Individual trustee or director organizations Institutional below dotted line) organizations remployee Trustee 1b ► Sub-Total . Total from continuation sheets to Part VII, Section A .  $\blacktriangleright$ 0 d Total (add lines 1b and 1c) .  $\blacktriangleright$ Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ightharpoonup 0Yes No

| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                 | 3 | No |
|---|--|---|----|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | No |
|   |  | - | NO |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5 | No |

## **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B)
Description of services (A) (C)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ightharpoonup 0

**Statement of Revenue** 

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) (A) Revenue excluded from Total exempt business tax under sections 512 - 514 function revenue revenue Contributions, gifts, grants, and other similar amounts 1a Federated campaigns . 1a **b** Membership dues . 70,009 1b  $\boldsymbol{c} \;$  Fundraising events . **1c** 0 d Related organizations 1d e Government grants (contributions) 1e **f** All other contributions, gifts, grants, and similar amounts not included 170,211 above g Noncash contributions included in lines 1a - 1f:\$ 1g **h Total.** Add lines 1a-1f . . . 240,220 Business Code Program Service Revenue  ${f f}$  All other program service revenue. **9 Total.** Add lines 2a−2f. . . . . ▶ 3 Investment income (including dividends, interest, and other 4 Income from investment of tax-exempt bond proceeds 0 **5** Royalties . (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses Rental income 6c or (loss) **d** Net rental income or (loss) . (i) Securities (ii) Other 7a Gross amount 7a from sales of assets other than inventory Less: cost or other basis and 7b sales expenses **d** Net gain or (loss) . 0  $\textbf{8a} \ \, \text{Gross income from fundraising events}$ Revenue (not including \$ <u>0</u> of contributions reported on line 1c). See Part IV, line 18 . . 0 8a 0 **b** Less: direct expenses . 8b Other c Net income or (loss) from fundraising events 0 **9a** Gross income from gaming activities. See Part IV, line 19 . n 9a 9b 0 **b** Less: direct expenses . .  $\boldsymbol{c}$  Net income or (loss) from gaming activities 0 **10a**Gross sales of inventory, less returns and allowances . 10a 0 0  ${f b}$  Less: cost of goods sold . 10b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b d All other revenue e Total. Add lines 11a-11d . **12 Total revenue.** See instructions . . . . . 240,220

Part IX Statement of Functional Expenses

| Section 50 | 01(c)(3) and | d 501(c)(4) | organizations must | complete all | columns. All o | ther organizations must | : complete column | (A) |
|------------|--------------|-------------|--------------------|--------------|----------------|-------------------------|-------------------|-----|
|------------|--------------|-------------|--------------------|--------------|----------------|-------------------------|-------------------|-----|

|    | Check if Schedule O contains a response or note to ar   | ny line in this Part IX | <u> </u>                     | <u></u>                             | 🗆                                     |
|----|---|-------------------------|------------------------------|-------------------------------------|---------------------------------------|
|    | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses   | (B) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1  | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                         |                              |                                     |                                       |
| 2  | Grants and other assistance to domestic individuals. See Part IV, line 22   |                         |                              |                                     |                                       |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                         |                              |                                     |                                       |
| 4  | Benefits paid to or for members   |                         |                              |                                     |                                       |
| 5  | Compensation of current officers, directors, trustees, and key employees  | 54,708                  | 22,323                       | 32,385                              |                                       |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  |                         |                              |                                     |                                       |
| 7  | Other salaries and wages  | 74,605                  | 70,852                       |                                     | 3,753                                 |
|    | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                         |                              |                                     |                                       |
| 9  | Other employee benefits   |                         |                              |                                     |                                       |
| 10 | Payroll taxes   | 4,955                   |                              | 4,955                               |                                       |
| 11 | Fees for services (non-employees):  |                         |                              |                                     |                                       |
| ā  | a Management  |                         |                              |                                     |                                       |
| ı  | <b>b</b> Legal  | 4,190                   |                              | 4,190                               |                                       |
|    | Accounting  | 4,195                   |                              | 4,195                               |                                       |
|    | d Lobbying  | 125                     | 125                          | ·                                   |                                       |
|    | e Professional fundraising services. See Part IV, line 17   | 0                       |                              |                                     | 0                                     |
|    | f Investment management fees  |                         |                              |                                     |                                       |
|    | g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                         |                              |                                     |                                       |
| 12 | Advertising and promotion   | 62,672                  | 31,284                       | 31,336                              | 52                                    |
| 13 | Office expenses   | 747                     | 737                          |                                     | 10                                    |
| 14 | Information technology  | 17,255                  | 14,989                       | 681                                 | 1,585                                 |
| 15 | Royalties   |                         |                              |                                     |                                       |
| 16 | Occupancy   |                         |                              |                                     |                                       |
| 17 | Travel  | 5,959                   | 5,959                        |                                     |                                       |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                         |                              |                                     |                                       |
| 19 | Conferences, conventions, and meetings  | 947                     | 947                          |                                     |                                       |
| 20 | Interest  |                         |                              |                                     |                                       |
| 21 | Payments to affiliates  |                         |                              |                                     |                                       |
| 22 | Depreciation, depletion, and amortization   |                         |                              |                                     |                                       |
| 23 | Insurance   | 82                      |                              | 82                                  |                                       |
| 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.)                   |                         |                              |                                     |                                       |
|    | a Bank & Credit Card Processing   | 4,707                   | 65                           | 20                                  | 4,622                                 |
|    | <b>b</b> Payroll Processing   | 1,058                   |                              | 1,058                               |                                       |
|    | С   |                         |                              |                                     |                                       |
|    | d   |                         |                              |                                     |                                       |
|    | e All other expenses  |                         |                              |                                     |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e  | 236,205                 | 147,281                      | 78,902                              | 10,022                                |
|    | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). |                         |                              |                                     |                                       |

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Part X Balance Sheet

| 1 0                         | ai t A | Dalance Sheet   |                                |                                 |     |                           |
|-----------------------------|--------|---|--------------------------------|---------------------------------|-----|---------------------------|
|                             |        | Check if Schedule O contains a response or note   | to any line in this Part IX    |                                 |     | 🗆                         |
|                             |        |   |                                | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1      | Cash-non-interest-bearing   |                                | 32,057                          | 1   | 78,990                    |
|                             | 2      | Savings and temporary cash investments  |                                |                                 | 2   |                           |
|                             | 3      | Pledges and grants receivable, net  |                                |                                 | 3   |                           |
|                             | 4      | Accounts receivable, net  |                                | 5,896                           | 4   | 4,518                     |
|                             | 5      | Loans and other receivables from any current or<br>trustee, key employee, creator or founder, substa<br>controlled entity or family member of any of thes | antial contributor, or 35%     |                                 | 5   |                           |
|                             | 6      | Loans and other receivables from other disqualifi section 4958(f)(1)), and persons described in sec   | ed persons (as defined under   |                                 | 6   |                           |
| s                           | 7      | Notes and loans receivable, net   |                                | 7                               |     |                           |
| ssets                       | 8      | Inventories for sale or use   |                                |                                 | 8   |                           |
| SS                          | 9      | Prepaid expenses and deferred charges   |                                |                                 | 9   |                           |
| 4                           | 10a    | Land, buildings, and equipment: cost or other   | 10a                            |                                 |     |                           |
|                             | ь      | Less: accumulated depreciation  | 10b                            |                                 | 10c |                           |
|                             | 11     | Investments—publicly traded securities .  |                                | 11                              |     |                           |
|                             | 12     | Investments—other securities. See Part IV, line 1   | 1                              |                                 | 12  |                           |
|                             | 13     | Investments—program-related. See Part IV, line  | <sub>11</sub>                  |                                 | 13  |                           |
|                             | 14     | Intangible assets   |                                | 14                              |     |                           |
|                             | 15     | Other assets. See Part IV, line 11  |                                | 15                              |     |                           |
|                             | 16     | <b>Total assets.</b> Add lines 1 through 15 (must equal   | al line 33)                    | 37,953                          | 16  | 83,508                    |
|                             | 17     | Accounts payable and accrued expenses   |                                | 3,456                           | 17  | 15,143                    |
|                             | 18     | Grants payable  |                                | 18                              |     |                           |
|                             | 19     | Deferred revenue  |                                |                                 | 19  |                           |
|                             | 20     | Tax-exempt bond liabilities   |                                |                                 | 20  |                           |
| (O                          | 21     | Escrow or custodial account liability. Complete Pa  | art IV of Schedule D           |                                 | 21  |                           |
| Liabilities                 | 22     | Loans and other payables to any current or forme employee, creator or founder, substantial contribution or family member of any of these persons          | utor, or 35% controlled entity |                                 | 22  |                           |
| Ξ                           | 23     | Secured mortgages and notes payable to unrelate   | ed third parties               |                                 | 23  |                           |
|                             | 24     | Unsecured notes and loans payable to unrelated  | third parties                  |                                 | 24  |                           |
|                             | 25     | Other liabilities (including federal income tax, pay and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D                   |                                |                                 | 25  |                           |
|                             | 26     | <b>Total liabilities.</b> Add lines 17 through 25   |                                | 3,456                           | 26  | 15,143                    |
| ces                         |        | Organizations that follow FASB ASC 958, che complete lines 27, 28, 32, and 33.  | eck here ▶ ☑ and               |                                 |     |                           |
| lan                         | 27     | Net assets without donor restrictions   |                                | 17,747                          | 27  | 61,837                    |
| Ba                          | 28     | Net assets with donor restrictions  |                                | 16,750                          | 28  | 6,528                     |
| Net Assets or Fund Balances | 29     | Organizations that do not follow FASB ASC Scomplete lines 29 through 33.  Capital stock or trust principal, or current funds                              | ļ                              |                                 | 29  |                           |
| S                           | 30     | Paid-in or capital surplus, or land, building or equ  | <u> </u>                       |                                 | 30  |                           |
| set                         | 31     | Retained earnings, endowment, accumulated inco  | ·                              |                                 | 31  |                           |
| As                          |        | •   | onie, or other fullus          | 34,497                          |     | 68,365                    |
| et                          | 32     | Total net assets or fund balances   |                                | ·                               | 32  |                           |
| -                           | 33     | Total liabilities and net assets/fund balances .  |                                | 37,953                          | 33  | 83,508                    |

| Pa | 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       |    |               | 240,220       |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |    |               | 236,205       |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |    |               | 4,015         |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4       |    |               | 34,497        |
| 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       |    |               |               |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  | 10      |    |               | 68,365        |
| Pa | rt XII Financial Statements and Reporting   |         |    |               |               |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |         |    | <u> </u>      |               |
|    |   |         | .  | Yes           | No            |
| 1  | Accounting method used to prepare the Form 990:   |         |    | .             |               |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |         |    |               |               |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |         | 2a | .             | No            |
|    | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:   | on a    |    |               |               |
|    | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |         |    |               |               |
| b  | Were the organization's financial statements audited by an independent accountant?  |         | 2b | .             | No            |
|    | If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:   | basis,  |    |               |               |
|    | ☐ 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? |         | 2c |               |               |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O. |    |               |               |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature Audit Act and OMB Circular A-133?   | ngle    | 3a |               | No            |
| 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.     | ired    | 3b |               | _ <del></del> |
|    |   |         | F  | orm <b>99</b> | 0 (2022)      |

## Taxpayer Copy TIN: OMB No. 1545-0047 Schedule B **Schedule of Contributors** (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization MORMON WOMEN FOR ETHICAL GOVERNMENT 82-1803803 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)( 4 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 **General Rule** or a **Special Rule**. Note: 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

| under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.   |
|---|
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MORMON WOMEN FOR ETHICAL GOVERNMENT **Employer identification number** 82-1803803

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution N/A Person 1 N/A **Payroll** \$ 30,000 Noncash N/A (Complete Part II for noncash contributions.) (c) Total contributions (b) (d) (a) Name, address, and ZIP + 4 Type of contribution No. N/A Person 2 N/A **Payroll** \$ 20,000 Noncash N/A (Complete Part II for noncash contributions.) (c) Total contributions (d) (a) (b) Name, address, and ZIP + 4 Type of contribution No. N/A Person N/A **Payroll** \$ 20,000 Noncash N/A (Complete Part II for noncash (a) (b) (c) (d) Total contributions Type of contribution Νo. Name, address, and ZIP + 4 N/A Person 4 **Payroll** N/A \$ 65,000 Noncash N/A (Complete Part II for noncash contributions.) (b) (c) (a) (d) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution N/A Person 5 N/A **Payroll** \$ 17,500 Noncash N/A (Complete Part II for noncash contributions.) (b) (c) (d) (a) Νό. Name, address, and ZIP + 4 Total contributions Type of contribution N/A Person 6 N/A **Payroll** \$ 5,000 Noncash N/A (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

| Name of or                |   | Employer identification                  | number               |
|---------------------------|---|--|----------------------|
| MORMON V                  | VOMEN FOR ETHICAL GOVERNMENT  | 82-1803803                               |                      |
| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | \$                                       |                      |
| (a)<br>No. from<br>Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | \$                                       |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | \$_                                      |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | \$                                       |                      |
| (a)<br>No. from<br>Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | \$                                       |                      |
| (a)<br>No. from<br>Part I | (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions) | (d)<br>Date received |
| -                         |   | \$                                       |                      |
|                           |   |  |                      |

Schedule B (Form 990) (2022)

| Schedule B ( | (Form 990 | )) | (2022) |
|--------------|-----------|----|--------|
|--------------|-----------|----|--------|

Page 4

|                           | rganization<br>WOMEN FOR ETHICAL GOVERNMENT   |   | Employer identification number      |
|---------------------------|---|---|-------------------------------------|
| MORMON                    | WOMEN FOR ETHICAL GOVERNMENT  |   | 82-1803803                          |
| Part III                  | Exclusively religious, charitable, etc., contribution \$1,000 for the year from any one contribution organizations completing Part III, enter the year. (Enter this information once. See instruction Use duplicate copies of Part III if additional spanning the property of t | ibutor. Complete columns (a) through (e) total of exclusively religious, charitable, ructions.)  \$ | and the following line entry. For   |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held |
| -                         | Transferee's name, address, and Zl  | (e) Transfer of gift P 4 Relationsh   | ip of transferor to transferee      |
|                           |   |   |                                     |
| (a)<br>No. from<br>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 Zl  | P 4 Relationsh  | ip of transferor to transferee      |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held |
| -                         | Transferee's name, address, and Zl  | (e) Transfer of gift P 4 Relationsh   | ip of transferor to transferee      |
| (a)<br>No. from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held |
| -                         | Transferrate name add 27  | (e) Transfer of gift  |                                     |
| -                         | Transferee's name, address, and Zl  | r 4 Relationsh  | ip of transferor to transferee      |

Schedule B (Form 990) (2022)

### Taxpayer Copy

### **SCHEDULE C** (Form 990)

Departme Treasury epartment of the Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

TIN:

Open to Public Inspection

| If the organization ans                  | wered "Yes" on Form 990     | Part IV, Line 3, or Form 990-EZ,   | Part V, line 46 (Political Campaig | n Activities), then |
|--|-----------------------------|------------------------------------|------------------------------------|---------------------|
| <ul> <li>Section 501(c)(3) or</li> </ul> | ranizations: Complete Parts | I-A and B. Do not complete Part I- | C                                  |                     |

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
 Section 527 organizations: Complete Part I-A only.
 If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** MORMON WOMEN FOR ETHICAL GOVERNMENT 82-1803803 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities. 2 Political campaign activity expenditures. See instructions ..... Volunteer hours for political campaign activities. See instructions ...... Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 ...... Enter the amount of any excise tax incurred by organization managers under section 4955 ...... 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes □ No 4a ☐ No ☐ Yes If "Yes," describe in Part IV. b Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount 5 of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of filing organization's funds. If none, enter political contributions received and promptly and directly delivered to a separate political organization. If none, -0-. enter -0-. 1 2 3 4 5

6

| Sch    | nedule C (Form 990) 2022   |   |                      |                  |                                       | Pa               | age <b>2</b> |  |  |  |  |
|--------|--|---|----------------------|------------------|---------------------------------------|------------------|--------------|--|--|--|--|
| P      | art II-A Complete if the organization is section 501(h)).                              | exempt under section  | on 501(c)(3)         | and filed Fo     | rm 5768 (ele                          |                  |              |  |  |  |  |
| A      | Check • if the filing organization belongs to ar expenses, and share of excess lobbyin |   | in Part IV each a    | affiliated group | member's name                         | e, address, EIN, |              |  |  |  |  |
| В      | Check  if the filing organization checked box  | k $ ightharpoonup$ if the filing organization checked box A and "limited control" provisions apply. |                      |                  |                                       |                  |              |  |  |  |  |
|        | Limits on Lobbyin<br>(The term "expenditures" mean                                     | g Expenditures  |                      | o                | (a) Filing<br>rganization's<br>totals | tion's totals    |              |  |  |  |  |
| 1a     | Total lobbying expenditures to influence public opini                                  | on (grass roots lobbying)   |                      |                  |                                       |                  |              |  |  |  |  |
| b      |  | , ,,  |                      |                  |                                       |                  |              |  |  |  |  |
| c      |  |   |                      |                  |                                       |                  |              |  |  |  |  |
| d      | Other exempt purpose expenditures  |   |                      |                  |                                       |                  |              |  |  |  |  |
| е      | Total exempt purpose expenditures (add lines 1c an                                     | d 1d)   |                      |                  |                                       |                  |              |  |  |  |  |
| f      |  | · ·   |                      |                  |                                       |                  |              |  |  |  |  |
|        | If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxa  | able amount is:      |                  |                                       |                  |              |  |  |  |  |
|        | Not over \$500,000   | 20% of the amount on line   | 1e.                  |                  |                                       |                  |              |  |  |  |  |
|        | Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the 6   | excess over \$500,00 | 00.              |                                       |                  |              |  |  |  |  |
|        | Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the 6   | excess over \$1,000, | 000.             |                                       |                  |              |  |  |  |  |
|        | Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the ex   | cess over \$1.500.0  | 00.              |                                       |                  |              |  |  |  |  |
|        | Over \$17,000,000  | \$1,000,000.  |                      |                  |                                       |                  |              |  |  |  |  |
|        | 0.01 \$17,000,000  | Ψ1,000,000.   |                      |                  |                                       |                  |              |  |  |  |  |
| g      | Grassroots nontaxable amount (enter 25% of line 1)                                     | f)  |                      |                  |                                       |                  |              |  |  |  |  |
| 9<br>h |  | •   |                      |                  |                                       |                  |              |  |  |  |  |
| ï      |  |   |                      |                  |                                       |                  |              |  |  |  |  |
|        | If there is an amount other than zero on either line section 4911 tax for this year?   | 1h or line 1i, did the orga   | anization file Forn  | •                | _                                     | ☐ Yes ☐ N        | lo           |  |  |  |  |
|        | 4-Year Av<br>(Some organizations that made a<br>columns below. See                     |   | tion do not h        | ave to comp      |                                       | e five           |              |  |  |  |  |
|        | Lobbying Exp   | enditures During 4-   | Year Averagi         | ng Period        |                                       |                  |              |  |  |  |  |
|        | Calendar year (or fiscal year beginning in)  | (a) 2019  | <b>(b)</b> 2020      | (c) 2021         | ( <b>d</b> ) 2022                     | (e) Tota         | al           |  |  |  |  |
| 2a     | Lobbying nontaxable amount   |   |                      |                  |                                       |                  |              |  |  |  |  |
| b      | Lobbying ceiling amount<br>(150% of line 2a, column(e))                                |   |                      |                  |                                       |                  |              |  |  |  |  |
| С      | Total lobbying expenditures  |   |                      |                  |                                       |                  |              |  |  |  |  |

**d** Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

| Pai    | rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi<br>Form 5768 (election under section 501(h)).  | led      |          |       |              |             |
|--------|--|----------|----------|-------|--------------|-------------|
|        | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying   | (;       | a)       |       | (b)          |             |
| activi | ty.  | Yes      | No       | A     | moun         | it          |
| 1      | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:              |          |          |       |              |             |
| а      | Volunteers?  |          |          |       |              |             |
| b      | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |          |          | -     |              |             |
| c      | Media advertisements?  |          |          | -     |              |             |
| d      | Mailings to members, legislators, or the public?   |          |          |       |              |             |
| e      | Publications, or published or broadcast statements?  |          |          |       |              |             |
| f      | Grants to other organizations for lobbying purposes?   |          |          |       |              |             |
| g      | Direct contact with legislators, their staffs, government officials, or a legislative body?  |          |          |       |              |             |
| h      | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |          |          |       |              |             |
| i      | Other activities?  |          |          |       |              |             |
| j      | Total. Add lines 1c through 1i   |          |          |       |              |             |
| 2a     | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |          |          |       |              |             |
| b      | If "Yes," enter the amount of any tax incurred under section 4912  |          |          | 1     |              |             |
| С      | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |          |          |       |              |             |
| d      | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |          |          |       |              |             |
| Par    | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)   | (5), o   | r sect   | ion   |              |             |
|        | 501(c)(6).   | (- // -  |          |       |              |             |
|        |  |          |          |       | Yes          | No          |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |          | -        | 1     | Yes          |             |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |          | -        | 2     | Yes          |             |
| 3      | Did the organization agree to carry over lobbying and political expenditures from the prior year?  |          |          | 3     |              | No          |
| Par    | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)   | (5), o   | r sect   | ion 5 | <b>01</b> (c | )(6)        |
|        | and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  | 111-A    | , line   | 3, IS |              |             |
| 1      | Dues, assessments and similar amounts from members   | 1        |          |       |              |             |
| 2      | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |          |          |       |              |             |
| а      | Current year   | 2a       |          |       |              |             |
| b      | Carryover from last year   | 2b       |          |       |              |             |
| С      | Total  | 2c       |          |       |              |             |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | 3        |          |       |              |             |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4        |          |       |              |             |
| 5      | Taxable amount of lobbying and political expenditures. See Instructions  | 5        |          |       |              |             |
|        | art IV Supplemental Information  |          |          |       |              |             |
| Prov   | vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); ructions), and Part II-B, line 1. Also, complete this part for any additional information.                     | Part II- | A, lines | 1 and | 2 (se        | e           |
| 11130  | Return Reference Explanation   |          |          |       |              | $\neg \neg$ |
| D '    | · · · · · · · · · · · · · · · · · · ·  |          |          |       |              |             |
| rart . | II-A, Line 1 \$125 Nevada lobbying fee   |          |          |       |              |             |

Schedule C (Form 990) 2022

Taxpayer Copy

## **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization MORMON WOMEN FOR ETHICAL GOVERNMENT

Employer identification number

82-1803803

| Return<br>Reference  | Explanation   |
|----------------------|---|
| Part III, Line<br>4d | Shoulder to shoulder is advocacy and education for compassionate immigration reform.  |
| Part VI, Line<br>12c | All officers, directors, employees, contractors, and key volunteers are required to sign Conflict of Interest policies on an annual basis, with interim reminders to disclose any changes.  |
| Part VI, Line<br>19  | Available upon request.   |
| Part VI, Line<br>3   | ADP Payroll Processing: \$1058  |
| Part VI, Line<br>7a  | Basic Members: 7000 and Sustaining (contributing a minimum of \$5/month) Members: 500. Both membership classes have access to resources not available to the public, and some resources are only available to Sustaining Members. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2022

Taxpayer Copy TIN:

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the                | e organization<br>MEN FOR ETHICAL GOVERNMENT  |            |                              |                     |  |                     |                            | Emp             | loyer identifica                            | tion n | umber                                    |                                 |      |  |  |
|----------------------------|---|------------|------------------------------|---------------------|--|---------------------|----------------------------|-----------------|---|--------|--|---------------------------------|------|--|--|
| MORMON WO                  | MEN FOR ETHICAL GOVERNMENT  |            |                              |                     |  |                     |                            | 82-1            | 803803                                      |        |  |                                 |      |  |  |
| Part I                     | Identification of Disregarded Entities. Complete i  | f the orga | nization answe               | red "Ye             | s" on Form 9                           | 990, Part           | IV, line 33                | 3.              |   |        |  |                                 |      |  |  |
|                            | (a) Name, address, and EIN (if applicable) of disregarded entity  |            | (b)<br>Primary acti          | vity                | (c)<br>Legal domicile<br>or foreign co | e (state<br>ountry) | ( <b>d)</b><br>Total incor | me              | (e)<br>End-of-year asset                    | s      | <b>(f)</b><br>Direct controlli<br>entity | (f)<br>at controlling<br>entity |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
| Doub II                    | Identification of Balated Tay Evenat Oversiantia  | C          | lata if the area             |                     |  | Vaall an I          |                            | Dowt I          | / line 24 haas                              |        | had ana ay was                           |                                 |      |  |  |
| Part II                    | <b>Identification of Related Tax-Exempt Organizatio</b> related tax-exempt organizations during the tax year. | ns. Comp   | iete ir the orga             | nization            | answered                               |                     |                            | Part I          | v, iine 34 beca                             |        |  | е                               |      |  |  |
|                            | (a) Name, address, and EIN of related organization  | Pr         | <b>(b)</b><br>imary activity | Legal de<br>or fore | (c)<br>omicile (state<br>oign country) | Exempt C            | ( <b>d)</b><br>ode section | Publi<br>(if se | (e)<br>c charity status<br>ction 501(c)(3)) | Di     | (f)<br>irect controlling<br>entity       | 512<br>(1<br>conti              | ity? |  |  |
| (1) Emma Pe                |   | Utah       |                              |                     | UT                                     | 501(c)(3)           |                            | exemp           | t   | NA     |  |                                 |      |  |  |
| Riverton, UT<br>82-2899244 |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              |                     |  |                     |                            |                 |   |        |  |                                 |      |  |  |
|                            |   |            |                              | 1                   |  | 1                   |                            |                 |   |        |  |                                 | ĺ    |  |  |

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

| (a)  Name, address, and EIN of related organization | <b>(b)</b><br>Primary<br>activity | (c) Legal domicile (state or foreign country) | (d)<br>Direct<br>controlling<br>entity | (e) Predominant income(related, unrelated, ecluded from tax under sections 512-514) | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-<br>year<br>assets | alloca   | rtionate<br>tions? | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | part    | ral or<br>aging<br>ner? | (k)<br>Percentage<br>ownership |
|---|-----------------------------------|---|--|---|------------------------------------|--|----------|--------------------|--|---------|-------------------------|--------------------------------|
|   |                                   |   |  |   |                                    |  | Yes      | No                 |  | Yes     | No                      |                                |
|   |                                   |   |  |   |                                    |  |          |                    |  |         |                         |                                |
|   |                                   |   |  |   |                                    |  |          |                    |  |         |                         |                                |
|   |                                   |   |  |   |                                    |  |          |                    |  |         |                         |                                |
|   |                                   |   |  |   |                                    |  |          |                    |  |         |                         |                                |
|   |                                   |   |  |   |                                    |  |          |                    |  |         |                         |                                |
|   |                                   |   |  |   |                                    |  |          |                    |  |         |                         |                                |
|   |                                   |   |  |   |                                    |  |          |                    |  |         |                         |                                |
| Part TV Identification of Polated Organizations T   | avable as                         | 2 Corpora                                     | tion or Tr                             | uct Complete  | if the ora                         | anization                                    | ancworoc | l "Voc" on         | Form 000   | Dart IV | lino 34                 |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal<br>domicile<br>(state or foreign | (d)<br>Direct controlling<br>entity | (e) Type of entity (C corp, S corp, | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | Section 5<br>controlle | i)<br>12(b)(13)<br>d entity? |
|--|--------------------------------|--|-------------------------------------|-------------------------------------|---------------------------------|---|--------------------------------|------------------------|------------------------------|
|  |                                | country)   |                                     | or trust)                           |                                 | ussets                                    |                                | Yes                    | No                           |
|  |                                | , ,  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     |                                     |                                 |   |                                |                        |                              |
|  |                                |  |                                     | l                                   | l                               |   | Schodulo D                     | L                      | <u> </u>                     |

| Pa             | rt V Transactions With Related Organizations. Complete if the organization answered "Ye                        | s" on Form 990, Pa      | rt IV, line 34, 35b  | o, or 36.                    |          |    |
|----------------|--|-------------------------|----------------------|------------------------------|----------|----|
|                | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                        |                         |                      |                              | Yes      | No |
| <b>1</b> D     | uring the tax year, did the orgranization engage in any of the following transactions with one or more related | organizations listed in | Parts II-IV?         |                              |          |    |
| а              | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                |                         |                      | 1a                           | Į.       | No |
| b              | Gift, grant, or capital contribution to related organization(s)  |                         |                      | 1t                           | )        | No |
| С              | Gift, grant, or capital contribution from related organization(s)  |                         |                      | 10                           |          | No |
| d              | Loans or loan guarantees to or for related organization(s)   |                         |                      |                              |          | No |
| е              | Loans or loan guarantees by related organization(s)  |                         |                      |                              | 1        | No |
|                |  |                         |                      |                              |          |    |
| f              | Dividends from related organization(s)   |                         |                      | 1f                           |          | No |
| g              | Sale of assets to related organization(s)  |                         |                      | 19                           |          | No |
| h              | Purchase of assets from related organization(s)  |                         |                      | 1h                           | 1        | No |
| i              | Exchange of assets with related organization(s)  |                         |                      |                              |          | No |
| j              | Lease of facilities, equipment, or other assets to related organization(s)                                     |                         |                      | <sup>1j</sup>                |          | No |
|                |  |                         |                      |                              |          |    |
| k              | Lease of facilities, equipment, or other assets from related organization(s)                                   |                         |                      | 1k                           |          | No |
| ı              | Performance of services or membership or fundraising solicitations for related organization(s)                 |                         |                      | 11                           |          | No |
| m              | Performance of services or membership or fundraising solicitations by related organization(s)                  |                         |                      | 1r                           | n        | No |
| n              | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                  |                         |                      |                              | Yes      |    |
| 0              | Sharing of paid employees with related organization(s)   |                         |                      |                              | Yes      |    |
|                |  |                         |                      |                              |          |    |
| р              | Reimbursement paid to related organization(s) for expenses   |                         |                      | 1 <sub>F</sub>               | Yes      |    |
| q              | Reimbursement paid by related organization(s) for expenses   |                         |                      | 10                           | Yes      |    |
|                |  |                         |                      |                              |          |    |
| r              | Other transfer of cash or property to related organization(s)  |                         |                      | <u>1</u> r                   |          | No |
| s              | Other transfer of cash or property from related organization(s)  |                         |                      | 1s                           | 1        | No |
| 2              | If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin | e, including covered r  | elationships and tra | nsaction thresholds.         |          |    |
|                | (a)  | (b)                     | (c)                  | (d)                          |          |    |
|                | Name of related organization   | Transaction type (a-s)  | Amount involved      | Method of determining amount | IIIVOIVE | u  |
| ( <b>1)</b> M\ | WEG Foundation   | 0                       | 0                    |                              |          |    |
| <b>(2)</b> M\  | WEG Foundation   | p                       | 1,500                |                              |          |    |
|                |  | 1                       | 1                    | 1                            |          |    |

| (a) Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|----------------------------------|----------------------------------|------------------------|--|
| (1)MWEG Foundation               | 0                                | 0                      |  |
| (2)MWEG Foundation               | p                                | 1,500                  |  |
| (3)MWEG Foundation               | n                                | 0                      |  |
| (4)MWEG Foundation               | q                                | 1,500                  |  |
|                                  |                                  |                        |  |
|                                  |                                  |                        |  |

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

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

| (a) Name, address, and EIN of entity | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (c)<br>Legal<br>domicile<br>(state or | (c)<br>Legal<br>domicile<br>(state or | ) (d) Predominant cile income e or (related, ign unrelated, excluded from tax under sections 512- | (e) Are all partners section 501(c)(3) organizations? |  | (e) Are all partners section |    | (e) Are all partners section |     | (e) Are all partners section 501(c)(3) organizations? |          | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproprtionate allocations? |  | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |  | (k)<br>Percentage<br>ownership |
|--------------------------------------|----------------------------|--|---------------------------------------|---------------------------------------|---|---|--|------------------------------|----|------------------------------|-----|---|----------|------------------------------------|--|----------------------------------|--|---|---|--|--------------------------------|
|                                      |                            |  | 514)                                  | Yes                                   | No  |   |  | Yes                          | No |                              | Yes | No  |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   |          |                                    |  |                                  |  |   |   |  |                                |
|                                      |                            |  |                                       |                                       |   |   |  |                              |    |                              |     |   | 00) 2022 |                                    |  |                                  |  |   |   |  |                                |

Schedule R (Form 990) 2022

#### Part VII Supplemental Information

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

| Return Reference | Explanation   |
|------------------|---|
| Part V line 1n   | Shared intangible assets such as mailing lists      |
| Part V line 1o   | Employees have separate contracts with each entity. |
| Part V line 1p   | Split software costs                                |
| Part V line 1g   | Split software costs                                |

Schedule R (Form 990) 2022