

Short Form

Return of Organization Exempt From Income Tax

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

2019

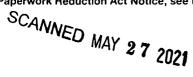
Department of the Treasury

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

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

Open to Public Inspection

	A F	or the	2019 calend	ar year, or tax year beginning , 2019, and ending		, 20
			pplicable		Employer	identification number
	\square	Address o	change	MPOWER ALLIANCE	26-164	47338
	=	Name cha				number
	□ '	nitial retu	im	(415)	513-5010	
	$\overline{}$		rn/terminated	Group Ex		
	=	Amended		City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94133-4536	Number	•
			on pending	0 -		If the organization is not
		Vebsite	ting Method			attach Schedule B
					•	990-EZ, or 990-PF)
ハク			organization	, , <u> </u>		
				7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total as		
16				\$500,000 or more, file Form 990 instead of Form 990-EZ)36(3 •	e 174 COO
1 /	_			e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	\$ 174,628.
		art I		in the state of th	Struction	· —
				the organization used Schedule O to respond to any question in this Part I		· · · · · ×
		1		ons, gifts, grants, and similar amounts received	1	163,128.
		2	-	ervice revenue including government fees and contracts	2	
		3		nip dues and assessments	3	
•		4	Investmen		4	
•		5a		ount from sale of assets other than inventory 5a		
		b		or other basis and sales expenses 5b		
		C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. <u>5c</u>	
		6	_	nd fundraising events	.	
	ø	а		ome from gaming (attach Schedule G if greater than	11	RECEIVED
	Revenue		\$15,000) -	6a		
	š	b		ome from fundraising events (not including \$ 85,576. of contributions		JUN 1 9 2020
	æ			raising events reported on line 1) (attach Schedule G if the		M 1 9 2020
				ch gross income and contributions exceeds \$15,000) 6b 11,5	<u>00.</u>	
		C		ct expenses from gaming and fundraising events 6c 22,5		OGDEN, UT
		d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	1	
		_	line 6c)		6d	-11,032.
		7a		s of inventory, less returns and allowances 7a		
.~		b		of goods sold		
\vec{c}		С		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
013,3530,		8		nue (describe in Schedule O)	8	
7		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	152,096.
-C		10		d similar amounts paid (list in Schedule O)	10	14,212.
\gtrsim		11		aid to or for members	11	
\bigcirc	es	12		ther compensation, and employee benefits	12	92,474.
, ©	Expenses	13	Profession	al fees and other payments to independent contractors	13	5,176.
*	ă	14	•	y, rent, utilities, and maintenance	14	15,011.
5 2020	ú	15	Printing, p	ublications, postage, and shipping	15	9,274.
63		16	Other expe	enses (describe in Schedule O) See. Line 16 Stmt	16	31,867.
>		17	Total expe	enses. Add lines 10 through 16	▶ 17	168,014.
∧	Ø	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	18	-15,918.
i'm	Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree w	vith	
14.)	As		end-of-yea	ar figure reported on prior year's return)	19	68,822.
Ö	Net	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 20	0.
in	Z	21		or fund balances at end of year Combine lines 18 through 20	▶ 21	
1	For	Paper	work Reduct	tion Act Notice, see the separate instructions.	6/02/20 PRO	222 ===
SO 1		Sc	`A	DAA		_ /
		-0	WNED	tea.		
			70	MAY 27 2024		()
				MAY 2 7 2021		. ``





Р	aq	е	2

Pa	rt II , Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar		Part II		(B) End of year
			-		20	
22	Cash, savings, and investments			68,822.	22	52,904.
23	Land and buildings			0.	24	0.
24	Other assets (describe in Schedule O) Total assets	•			25	0. 52,904.
25 26	Total liabilities (describe in Schedule O)			00,022.	26	0.
27	Net assets or fund balances (line 27 of column	(R) must agree with	line 21)	68,822.	27	52,904.
Par						
	Check if the organization used Schedule					Expenses
Wha		See Part III				uired for section c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for each warded 18 birthmother clients with	anner, describe the ich program title	e services provided	rogram services, , the number of		inizations, optional for
20	to support educational advancement vetted professional therapist, and	t, 1-on-1 cour	nseling with a	à		
	(Grants \$ 0.) If this amount	includes foreign gra	nts, check here	▶ 🛄	28a	0.
29	crisis situations such as homeless					
	mental health crisis and post-incommental			***************************************		
	Held 2 therapeutic client weekend			other		
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra		▶ ⊔_	29a	0.
30	and therapist-led workshops, expainto Southern California. 42 birthindirectly benefiting 126 members	hmothers atte	nded retreats,			
	(Grants \$ 14,212.) If this amount			▶ □	30a	149,473.
31	Other program services (describe in Schedule O)					
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra	nts, check here .	▶ 🗆 أ	31a	
32					_	
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	149,473.
Par			n one even if not comp	oensated—see the in		
		Employees (list each	ny question in this	Part IV		
	List of Officers, Directors, Trustees, and Key	Employees (list each	•	Part IV . (d) Health benefits, contributions to employe	ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	C Employees (list each O to respond to an (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	C Employees (list each O to respond to an (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV . (d) Health benefits, contributions to employ benefit plans, and	ee (e)	etions for Part IV)
Chr	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title 1stina Ogburn Chow	C Employees (list each O to respond to an (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Chr Boa Nan Boa	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title 1stina Ogburn Chow 1rd President 1ci Rider 1rd Vice President	C Employees (list each O to respond to an (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ, benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Chr Boa Nan Boa Bro	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title Istina Ogburn Chow Ird President Ici Rider Ird Vice President Iooke Bergman	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation 0.
Chr Boa Nan Boa Bro	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title 1 stina Ogburn Chow 1 rd President 1 ci Rider 1 rd Vice President 1 ooke Bergman 1 rd Treasurer	Employees (list each O to respond to ar (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Chr Boa Nan Boa Bro	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title Istina Ogburn Chow Ind President Ici Rider Ind Vice President Icoke Bergman Ind Treasurer Icce Flannery	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0	eee (e)	Estimated amount of other compensation 0. 0.
Chr Boa Nan Boa Bro Boa Gra	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title (a) President (b) Rider (c) Rider (c) Rider (c) Vice President (c) Roke Bergman (c) Treasurer (c) Flannery (c) Secretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	eee (e)	Estimated amount of other compensation 0.
Chr Boa Nan Boa Bro Boa Gra Boa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Istina Ogburn Chow Ind President Ici Rider Ind Vice President Icoke Bergman Ind Treasurer Ind Treasurer Ind Secretary Ind Endres	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0	nstruc	Estimated amount of other compensation 0. 0.
Chr Boa Nan Boa Bro Boa Roh Exe	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title Istina Ogburn Chow Ird President Ici Rider Ird Vice President Iooke Bergman Ird Treasurer Ird Treasurer Ird Secretary In Endres Ird Check Director	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0	nstruc	Estimated amount of other compensation 0. 0.
Chr Boa Boa Bro Boa Gra Boa Rok Exe Rac	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title Istina Ogburn Chow Ird President Ici Rider Ird Vice President Iooke Bergman Ird Treasurer Ird Elannery Ird Secretary In Endres Ird Herndon	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00 2.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0	nstruc	Estimated amount of other compensation 0. 0. 0.
Chr Boa Nan Boa Gra Boa Rob Exe Rac Boa	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title (istina Ogburn Chow and President aci Rider and Vice President acke Bergman and Treasurer ace Flannery and Secretary and Endres acutive Director and Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0	nstruc	Estimated amount of other compensation 0. 0.
Chr Boa Nan Boa Gra Boa Rok Exe Boa Kar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title (a) President (b) Istina Ogburn Chow (c) Rider (Employees (list each O to respond to an (b) Average hours per week devoted to position 5 . 00 2 . 00 2 . 00 40 . 00 1 . 00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0	nstruction (e)	Estimated amount of other compensation 0. 0. 0. 0.
Chr Boa Nan Boa Boa Gra Boa Rob Rac Rac Rac Rac Boa	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title (istina Ogburn Chow and President aci Rider and Vice President acke Bergman and Treasurer and Treasurer and Secretary and Endres acutive Director and Herndon and Member and Stoeckenius and Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00 2.00 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0	nstruction (e)	Estimated amount of other compensation 0. 0. 0.
Chr Boa Boa Bro Boa Rob Exe Rac Boa Kar Boa Ell	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title (a) President (b) Istina Ogburn Chow (c) Rider (Employees (list each O to respond to an (b) Average hours per week devoted to position 5 . 00 2 . 00 2 . 00 40 . 00 1 . 00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0	eee (e)	Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
Chr Boa Boa Bro Boa Rob Exe Rac Boa Kar Boa Ell Boa	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title Istina Ogburn Chow Ird President Ici Rider Ird Vice President Iooke Bergman Ird Treasurer Ird Secretary In Endres Ird Lieuther In Stoeckenius Ird Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 40.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0	eee (e)	Estimated amount of other compensation 0. 0. 0. 0.
Chr Boa Boa Bro Boa Rob Exe Rac Boa Kar Boa El 1 Boa Mar	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title Istina Ogburn Chow Ird President Ici Rider Ird Vice President Iooke Bergman Ird Treasurer Ird Treasurer Ird Secretary In Endres Ird Herndon Ird Member In Stoeckenius Ird Member In Stoeckenius Ird Member Izabeth Jorgensen	Employees (list each O to respond to an (b) Average hours per week devoted to position 2.00 2.00 40.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0	eee (e)	Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Chr Boa Nan Boa Gra Boa Rok Exe Boa Kar Boa Mar Boa	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title Istina Ogburn Chow Ird President Ird President Ird Vice President Ird Vice President Ird Treasurer Ird Treasurer Ird Secretary Ird Secretary Ird Secretary Ird Secretary Ird Herndon Ird Member In Stoeckenius Ird Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00 2.00 40.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0 0	eee (e)	Estimated amount of other compensation 0. 0. 0. 0. 0. 0.
Chr Boa Nam Boa Boa Rob Exe Rac Boa Kar Boa Kar Boa Kar Boa Kar	List of Officers, Directors, Trustees, and Key Check If the organization used Schedule (a) Name and title (a) Name and title (a) President (b) Istina Ogburn Chow (c) Ird President (c) Rider (c)	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00 2.00 40.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 53,124.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0 0	eee (e)	Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
Chr. Boa Nam Boa Boa Rob Exe Rac Boa Kar Boa Kar Boa Kay Boa Kay Boa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (istina Ogburn Chow and President aci Rider and Vice President acke Bergman and Treasurer ace Flannery and Secretary an Endres acutive Director and Herndon and Member and Stoeckenius and Member abeth Jorgensen and Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00 2.00 40.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 53,124. 0.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0 0 0	eee (e)	Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Christian Boar Boar Boar Boar Boar Boar Boar Boar	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (istina Ogburn Chow and President aci Rider and Vice President acke Bergman and Treasurer ace Flannery and Secretary an Endres acutive Director and Herndon and Member and Stoeckenius and Member abeth Jorgensen and Member as McKay and Member	Employees (list each O to respond to an (b) Average hours per week devoted to position 5.00 2.00 2.00 40.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 53,124. 0.	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0 0 0 0 0 0 0	eee (e)	Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	<u>Part</u>		×
00	Did the agree of the DCO If IIVes " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	×	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			ŀ
39	Section 501(c)(7) organizations Enter			-
а	Initiation fees and capital contributions included on line 9	1		, ,
b	Gross receipts, included on line 9, for public use of club facilities . 39b	1		-
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			12
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			. T
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	<u></u>		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		
•		40b		<u> </u>
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			*,
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			ç
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	5200 स्वापार ा	 1000 H 10060	
_	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶ CA			
42a	The organization's books are in care of ▶ Robin Endres Telephone no ▶ (415)	5)51	3 - 50	10
	Located at ▶ 250 Columbus Ave Ste 204, San Francisco CA ZIP+4 ▶ 9413			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			`.
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .		ı	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			r .
44-	Did the assessment as assessment as decreased and find the state of th		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			, f
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			٠,
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×

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						•	C3 110
46 `	Did the organization engage, directly or into candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political c complete Schedule C.	ampaign activities on Part I	behalf of or in	oppositi	on 46	× XX
Part \							
	All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b and	52, and comp	olete the	tables for	lines
	Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI	<u> </u>		
							es No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect dur 	ing the t	47	×
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule E .		48	×
49a	Did the organization make any transfers t	o an exempt non-cha	rıtable related organiz	ation?		49a	×
	If "Yes," was the related organization a se					49b	
	Complete this table for the organization's						
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ			e, enter "Nor	ie "
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e benefit plans, and compensat	mployee deferred	(e) Estimated a other compe	
None							
				<u> </u>			
					+		
					Ì		
	Total number of other employees paid ov	er \$100 000	<u> </u>	<u> </u>			
	Complete this table for the organization		ensated independent	contractors w	ho each	received m	ore than
	\$100,000 of compensation from the organization			COMMUNICIONS W		10001100 111	oro inan
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensation	
None							
		·					
							
		· · · · · · · · · · · · · · · · · · ·					

							·
	Total number of other independent contra			>			
52	Did the organization complete Schedu				t attach		
52	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ction 501(c)(3) orga	nizations mus	•	►⊠ Yes [□ No
52 Under pe	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ction 501(c)(3) organ	nizations mus	st of my kn	►⊠ Yes [
52 Under pe	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ction 501(c)(3) organ	ents, and to the bes	st of my kn	►⊠ Yes [owledge and be	
Under pe	Did the organization complete Scheducompleted Schedule A enalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other that	ule A? Note: All se	ction 501(c)(3) organ	ents, and to the benas any knowledge	st of my kn	►⊠ Yes [owledge and be	
52 Under pe	Did the organization complete Scheducompleted Schedule A	return, including accompan n officer) is based on all info	ction 501(c)(3) organ	ents, and to the bes	st of my kn	►⊠ Yes [owledge and be	
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SCHEDÙLE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 26-1647338 MPOWER ALLIANCE

Par							ns.
The c	organization is not a private founda						7
1	A church, convention of church						
2	470/1.747/47/47/47/47/47/47/47/47/47/47/47/47/						
3	☐ A hospital or a cooperative hos ☐ A medical research organization	spital service org	janization described if	n section	1 1 / U(D){ 1 ribed in s)(Α)(III). :ection 170(b)(1)(Δ):	(iii) Enter the
4	hospital's name, city, and state	•					
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II)					al unit described in
6 7							
8	A community trust described in						
9	An agricultural research organi or university or a non-land-grauniversity:	nt college of agr	iculture (see instructio	ns) Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui income and uni	nctions—subject to co related business taxal	ertain exc ole incom	ceptions, ie (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and						
12	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to cai	
	of one or more publicly support the box in lines 12a thro	orted organization ugh 12d that des	ns described in secti scribes the type of sup	on 509(a)(1) or se organizatio	ection 509(a)(2). Se on and complete line	e section 509(a)(3). es 12e, 12f, and 12g
а	☐ Type I. A supporting organ	ızatıon operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
	the supported organization supporting organization. Ye					he directors or trust	ees of the
b							
	control or management of to organization(s) You must of		=		persons	that control or man	age the supported
С	Type III functionally integ its supported organization(ally integrated with,
d							
	that is not functionally integreguirement (see instruction						d an attentiveness
е	Check this box if the organ functionally integrated, or 1						e II, Type III
f	Enter the number of supported o						
g	Provide the following information	about the supp	orted organization(s)	T			
	(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	<u> </u>						

Part II . Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	129,404.	179,132.	154,272.	121,427.	163,128.	747,363.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	223,101.	1,737 2327				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	129,404.	179,132.	154,272.	121,427.	163,128.	747,363.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						,
	shown on line 11, column (f)	AND THE REST	Control of the contro	KL WINDOWS (C)		Service Services	158,946.
<u>6</u>	Public support. Subtract line 5 from line 4				250 5 7 622025		588,417.
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	129,404.	179,132.	154,272.	121,427.	163,128.	747,363.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	123,101.	179,132.	131/11/11	222,722	100,100	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	以際につう。対象に	11 40 10 11 11 11 1411 141	文件、等额 条件	MAKE TANKS		747,363.
12	Gross receipts from related activities, etc					12	114,240.
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		· ·	•		•	
	on C. Computation of Public Support Public Support percentage for 2019 (line)			4		144	70 73 %
	Public support percentage for 2019 (line Public support percentage from 2018 Sci		•	i, column (i))		14	78.73 % 77.37 %
15 16a	33 ¹ / ₃ % support test—2019. If the organ			con line 13 ar	nd line 14 is 33		
	box and stop here. The organization qua					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ 🗵
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		ıs 33 ¹ /3% or m	
17a							
	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets the meets the "fac	e "facts-and-o ts-and-circums	circumstances' stances" test. 	" test, check t The organizati	this box and son qualifies as	stop here. a publicly . • a publicly
18 	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see ▶ □

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify, dinder Part II If the organization failed to qualify, dinder Part II If the organization failed to qualify, dinder Part II If If the organization failed to qualify, dinder Part II If If the organization failed to qualify, dinder Part II If If the organization failed to qualify under the tests is test below, please complete Part II II If	Part	Support Schedule for Organiza					/	
Section A. Public Support Calendar year for fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (g) 2019 (f) Total 1 Gits, gants, combutions, and membership fees received (pot include any year year) 2 Gioss accepts from admissions, merchandides sold or serves performed, or facilities in unrelated to the originalization is but-easierly part and in unrelated to the originalization is but-easierly part and enther paid to or expended on its behalf or expension to several and enther paid to or expended on its behalf or expension without charge 5 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from other than disqualified persons b Amounts included on lines 1, 2, and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the genetic of \$5.000 or 1% of the amount on line 13 for the year c. Add lines 7 and 75 8 Public support, (Subtract line 7c from line 6 3 Gioss income from interest, dividends, payments received from blums that exceed the genetic of \$5.000 or 1% of the amount on line 13 for the year c. Add lines 7 and 75 8 Public support, (Subtract line 7c from line 6 10 Gioss more from interest, dividends, payments received in stantines kans, rents, registes, and income from aminar sources acquired after June 30, 1935 b Unrelated business tax-epidal scates (Explain in Part VI) 1 Total support. (Add lines 9, 100, 11, and 12) 1 First five years. If the Form 980 is Aor the originization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) originization. The scale of capitally carried on loss from the sale of capitally		(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify ur	ider Part II
Calendar year for fiscal year beginning in) 1 Gifts, grants, combibutions, and membership fees received (Do not include any "unusual grants") 1 Gross receives preformed, or facilities turnshed any activity that is relieved to the origanization's law-events purpose 1 Gross receives from admissions, merchandes 1 Survey from admissions in a relieve to the origanization's law-eventst purpose 2 Gross received from admission that are not an unrelated toad or business under action in 3 1 Tax reversels from admission that are not an unrelated toad or business or facilities 2 From value of services or facilities 3 From value of services or facilities 3 From value of services or facilities 3 From value of services or facilities 4 From value of services or facilities 5 From value			under the te	sts listed bel	ow, please co	omplete Part I	1.)	
1 Gifts, garts, confinations, and mambrash pless received (point micidal say "ususal grants") 2 Giross accepts from admissions, merchandise sold or services performed, or facilities furnished in any activities that are not a minister of the comparation's law-exempt purpose of an immission and activities that are not a minister of the comparation's law-exempt purpose of an immission and activities that are not not or expended on its behalf or expended on the shelf or a facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from other than disqualified persons by the shelf of the amount on line 13 for the year c. Add lines 7 and 70 b. 8 Public support. (Subtract line 7c from line 6) 9 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7 and 70 b. 8 Public support. (Subtract line 7c from line 6) 9 Amounts from line 8 10a Gross income from interest, divided share, rents, registers, and income from smilar sources section 51 taxes) from businesses and purport. (Subtract line 7c from line 6) 10 Unrelated business taxable income (less section 51 taxes) from businesses and quiet darke June 30, 1975 11 taxes) from businesses and purport. (Add lines 10 and 10b 12 Other income Do not include gain or loss from the sale of capitally carried on loss from the sale of				T	T ()	1 1 2010	1 1 2010	
received (Din not include any 'unusual grains') 2 Gross receipt from admissions, merchandles sold or services performed, or facilities furnished any activity that realised to the organization's fave-weight purpose 3 Gross receipt from advises that are not an unrelated trade or business under section 513 4 Tax revenues leveral for the paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 7a Amounts included on lines 2 and 3 received from disqualited persons b Amounts included on lines 2 and 3 received from disqualited persons consider from disqualited persons consider from disqualited persons b Amounts included on lines 2 and 3 received from other than disqualited persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or 1% of the amount on line 13 for the year of 4 and 1			(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Lotal
2 Gross receptle from admissions, merchandes solid or services performed, or facilities furnished in any activity that is related to the originalization's fax-eventy propose. 3 Gross recepts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the originalization's fax-eventy and section 513 5 The value of services or facilities furnished by a governmental unit to the organization without change. 6 Total, Add lines 1 through 5 7a Amounts included on these 1, 2, and 3 received from other than disqualitied persons. b Amounts included on these 1, 2, and 3 received from other than disqualitied persons. b Amounts included on these 1, 2, and 3 received from other than disqualitied persons. b Amounts included on these 1, 2, and 3 received from other than disqualitied persons. b Amounts included on these 1, 2, and 3 received from other than disqualitied persons. b Amounts included on the 13 for the year or c. Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6) 9 Amounts from line 6 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, reysless, and income from similar sources. b Unrelated business travable income (less section 511 taxes) from businesses accurred after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 10 lines from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and siph here Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (1), divided by line 13, column (1)) 17 Investment income percentigle from 2018 Schedule A, Part III, line 17 Investment income percentigle from 2018 Schedule	1]	ŀ			
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		32109	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			PA 1
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	_	
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		A 14	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	14 45 PM		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	100		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		14/3	热的
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		100	
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		[沙鸡]	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	ليتمكناهالانوين	التسديد فالأطف
Secti	on D. All Type III Supporting Organizations	·		·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2 (200		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	2,53		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ministra	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		**************************************	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1324	遊送	16 g .
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	التناسطانات	_state and
3	By reason of the relationship described in (2), did the organization's supported organizations have a	以为		
	significant voice in the organization's investment policies and in directing the use of the organization's		that the	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	المناسب عدالة	STEEL STEEL
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below			-,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((sce in:	struct	ions)
2	Activities Test Answer (a) and (b) below.	,500	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Bulk.	4 3	5.0%
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1477 H	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	W. 1877	<u> المنتشب</u>	أخسستقله
h	•	2a -∵‱	7.2726	<u>श्</u> रिक्षणके (स
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in 2.15 "Yes." evaluation of the organization of the organ			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	漢語		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
_	·	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		Y	影 "当
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	الله الله الله الله الله الله الله الله	100 M	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	***	Y 5 7 7 7	N. 4.7.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	THE STATE OF THE S		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1 <u>d</u>		
e Discount claimed for blockage or other	3,11		
factors (explain'in detail in Part VI)	19.3%		THE MESSIE
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	\$30 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	AND A CONTRACT OF STREET	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		18/21/2018 A 18/2019 W	
emergency temporary reduction (see instructions)	6		•
7 Check here if the current year is the organization's first as a non-functionall instructions)	ly in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)	
	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
- '4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		<u> </u>	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>=</u> b	From 2015			
_	From 2016			
d	From 2017			
e	From 2018 .			
f	Total of lines 3a through e	to distance and programme and an analysis and the companies	Samano nomentario	
g	Applied to underdistributions of prior years	PM SEARCH SERVE	F. Marca de atribute ou at tal x m. n. m. c. c. www.t.	
h	Applied to 2019 distributable amount			C. S Children and S. C. See See See 130 110 120
i	Carryover from 2014 not applied (see instructions)	eminary (24) 313. A Lenendri see of N Enter Address.		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f	-		
4	Distributions for 2019 from Section D, line 7. \$		Display	
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4		TO STATE OF THE ST	
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		. ;	
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			74.44.64.00 (FA.44.00
a	Excess from 2015			
b	Excess from 2016	河麓 。河麓四小连峰		34/3 78 /34/34/34/34/3
С	Excess from 2017	MEN COMMUNICATION		
d	Excess from 2018			
e	Excess from 2019			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Employer identification number Name of the organization MPOWER ALLIANCE 26-1647338 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations а f Solicitation of government grants Internet and email solicitations b **q** Special fundraising events C Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (IV) Gross receipts (or retained by) (II) Activity (or retained by) custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization col (i) Yes No 1 2 3 4 5 6 7 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Dinner/auction		NONE	(add col (a) through col (c))
a)			(event type)	(event type)	(total number)	
Revenue						05.056
eve	1	Gross receipts .	97,076.	<u> </u>		97,076.
Œ	2	Less Contributions	0E E76			85,576.
	3	Gross income (line 1 minus	85,576.			_ 65,576.
	3	line 2)	11,500.			11,500.
		<u> </u>				
	4	Cash prizes .				
	5	Noncash prizes .				
S	_					
use	6	Rent/facility costs	5,281.		-	5,281.
xpe	-	Food and housesage	0.000			0.006
Ë	7	Food and beverages	9,806.			9,806.
Direct Expenses	8	Entertainment				
۵		Zineriaminent				
	9	Other direct expenses	7,445.			7,445.
	10	Direct expense summary Ad			•	22,532.
	11	Net income summary. Subtra			<u> </u>	11,032.
Pa	rt III			ered "Yes" on Form	990, Part IV, line 19,	or reported more than
	r——	\$15,000 on Form 990-E2	z, iine ba.	<u> </u>		
Jue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ē] 3, 3	i e	
≥						
Revenue	1	Gross revenue				
Rev	1	Gross revenue				
	1 2	Gross revenue Cash prizes				
	2	Cash prizes				
	2	Cash prizes				
Direct Expenses Rev	2 3 4	Cash prizes Noncash prizes Rent/facility costs				
	2	Cash prizes Noncash prizes				
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	☐ Yes %	☐ Yes %		
	2 3 4	Cash prizes Noncash prizes Rent/facility costs	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	☐ No	□ No		
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	☐ No	□ No		
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	Olumn (d)		
	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary	No Id lines 2 through 5 in construct line 7 from lines	Olumn (d)	. No ►	
	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary	No Id lines 2 through 5 in conducts gamization conducts gamization.	olumn (d) ine 1, column (d) ming activities	. No ►	
Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary inter the state(s) in which the ord the organization licensed to come	No Id lines 2 through 5 in construct line 7 from lines ganization conducts gain activities	olumn (d) ne 1, column (d) ming activities s in each of these state	. ►	🗌 Yes 🔲 No
Orrect Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary inter the state(s) in which the ord the organization licensed to come	No Id lines 2 through 5 in construct line 7 from lines ganization conducts gain activities	olumn (d) ne 1, column (d) ming activities s in each of these state	. ►	🗌 Yes 🔲 No
Orrect Expenses	2 3 4 5 6 7 8 Er	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary inter the state(s) in which the ord the organization licensed to come in the organiza	No Id lines 2 through 5 in construct line 7 from lines ganization conducts gain activities	olumn (d) ine 1, column (d) iming activities in each of these state	. ►	🗌 Yes 🔲 No
Oirect Expenses	2 3 4 5 6 7 8 Er a Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary nter the state(s) in which the or the organization licensed to co	No Id lines 2 through 5 in concept Subtract line 7 from line ganization conducts gapenduct gaming activities	olumn (d) ine 1, column (d) ming activities s in each of these state		Yes No
Olrect Expenses	2 3 4 5 6 7 8 Er a Is b If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor . Direct expense summary Ad Net gaming income summary nter the state(s) in which the ord the organization licensed to come in the organizatio	No Id lines 2 through 5 in construction of the property of th	olumn (d) ine 1, column (d) ming activities s in each of these state	No No s? ated during the tax year	☐ Yes ☐ No
Olrect Expenses	2 3 4 5 6 7 8 Er a Is b If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Ad Net gaming income summary nter the state(s) in which the or the organization licensed to co	No Id lines 2 through 5 in construction of the property of th	olumn (d) ine 1, column (d) ming activities s in each of these state	No No s? ated during the tax year	☐ Yes ☐ No

Schedu	ule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other enformed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in	o - 1		•
a		3a		%_
b				<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records	ano		
	Name ▶			
	Address ► '			
15a	Does the organization have a contract with a third party from whom the organization receives game revenue?		Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party			
	Name ►			
	Address►			
16	Gaming manager information			
	Name ►			. .
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions.			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds	_		_
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year ▶ \$	s or		
Part				
			••••	
	······			

SCHEDUĻE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

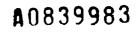
MPOWER ALLIANCE	26-164/338
Pt V, Line 34: The organization changed its corporate name. Amend	led Articles
of Incorporation are attached to this filing.	
Pt I, Line 10:	
Description: Birthmother support	
Class of activity: Charitable support	
Grantee's relationship: N/A	
Amount given: \$14,212	
Pt I, Line 16:	
Description: Birthmother retreats and support \$23,217	
Description: Empowerment stipend \$100	
Description: Birthmover events \$108	
Description: Fundraising \$340	
Description: PayPal and bank processing \$3,895	
Description: Supplies \$40	
Description: Food for Board meetings/retreat \$1,384	
Description: Credit card fees \$1,294	
Description: Database management \$618	
Description: Software \$288	
Description: Write-offs from bad transactions \$93	

ENDORSED/FILED AMENDMENT OF ARTICLES OF INCORPORATION

EIN 26-1647338

FORMER NAME: ON YOUR FEET FOUNDATION NORTHERN CALIFORNIA

NEW NAME: MPOWER ALLIANCE





Secretary of State Certificate of Amendment of Articles of Incorporation Name Change Only - Nonprofit

AMDT-NP-NA

FILED Secretary of State
State of California
FEB 2 8 2020

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees – First Page \$1 00 & 50 for each attachment page, Certification Fee – \$5 00

This Space

This Space For Office Use Only

1. Corporation Name (Enter the exact name of the corporation as it is currently recorded with the California Secretary of State)

Item 3a:

On Your Feet Foundation Northern California

2. 7-Digit Secretary of State File Number

2951911

3. New Corporation Name

Enter the number, letter, or other designation assigned to the provision in the Articles of Incorporation being amended (e.g., "I," "First," or "A"). See Instructions if the provision in the Articles of Incorporation being amended does not include a number, letter, or other designation. Any attachment is made part of this document.

Item 3b: Enter the new corporate name

38	а	Article of the Articles of Incorporation is amended to read as shown in Item 3b below
3Ł	0	The name of the corporation is MPower Alliance

4. Approval Statements

- 4a The Board of Directors has approved the amendment of the Articles of Incorporation.
- 4b Member approval was (check one)

By the required vote of the members in accordance with California Corporations Code section 5812, 7812, or 12502.

Not required because the corporation has no members

5. Read, sign and date below (See instructions for signature requirements. Note: Both lines must be signed.)

We declare under penalty of perjury under the laws of the State of California that the matters set forth herein are true and correct of our own knowledge and we are authorized by California law to sign.

2/23/2020

Signature

Christina Ogburn-Chow

Type or Print Name of President

2/26/2020

Signature

Brooke Bergman

Type or Print Name of Secretary