Form **990EZ**

Department of the Treasury
Internal Revenue Service

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)

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.**~~

OMB No. 1545-0047

2025

Open to Public Inspection

A For calendar year 2025, or tax year beginning 01 - 01 2025, and ending 12 - 31 , 20 25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Civic Engagement Beyond Voting

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO Box 28370

City or town, state or province, country, and ZIP or foreign postal code
Tempe, AZ 85285

D Employer identification number
85-4166818

E Telephone number
(480) 861-7988

F Group Exemption Number

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) _____

H Check ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: _____

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 93,414

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	93,375
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0	
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	39
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	93,414
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	36,100
	13	Professional fees and other payments to independent contractors		13	52,733
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	27,900
	17	**Total expenses.** Add lines 10 through 16		17	116,733
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-23,319
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	52,755
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	29,436

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	52,755	**22**	29,436
23 Land and buildings		**23**	
24 Other assets (describe in Schedule O)		**24**	
25 Total assets	52,755	**25**	29,436
26 Total liabilities (describe in Schedule O)		**26**	
27 Net assets or fund balances (line 27 of column (B) **must** agree with line 21)	52,755	**27**	29,436

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☑

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

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

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

28 Train the public on writing letters to the editor, social media messaging, state and local government functions, testifying in front of government bodies and other actions of citizen engagement. Continued on Schedule O (Grants $) If this amount includes foreign grants, check here . . . ☐	**28a**	13,897
29 Produce a weekly analysis of the Arizona State Legislature with analysis and insights into processes and procedures. Continued on Schedule O. (Grants $) If this amount includes foreign grants, check here . . . ☐	**29a**	30,436
30 Conduct a youth fellowship program to prepare young people between the ages of 16 and 22 for engaging in state and local government and civic life. Continued on Schedule O. (Grants $ 13,500) If this amount includes foreign grants, check here . . . ☐	**30a**	22,750
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a)	**32**	67,083

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Catherine Sigmon Chief Financial Officer	20	0	0	0
Iain Hamp Chair	2	9,100	0	0
Melinda Merkel Iyer Director	5	27,000	0	0
Martin Quezada Director	2	0	0	0

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

			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		No
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		No
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		No
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		No
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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 _____ ; section 4912 _____ ; section 4955 _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
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 40c reimbursed by the organization _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed. _____			
42a	The organization's books are in care of Catherine Sigmon Telephone no. (480) 861-7988			
	Located at PO Box 28370 Tempe , AZ ZIP + 4 85285			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	42b		No
	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).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . .	42c		No
	If "Yes," enter the name of the foreign country: _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here . . . . . ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43			
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		No
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

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

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

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

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		No

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

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

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

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

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

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ☐ **Yes** ☑ **No**

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

Sign Here

Signature of officer Catherine Sigmon Director of Finance and Operations Officer's name and title	2026-03-20 Date

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Lisa Stevenson				P01781883

Firm's name Stevenson CPA LLC	Firm's EIN 81-0918684
Firm's address 24 W Camelback Road A568 Phoenix, AZ 85013	Phone no. (602) 661-3799

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990)
(Rev. January 2025)
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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Civic Engagement Beyond Voting

Employer identification number
85-4166818

Return Reference	Explanation
FORM 990EZ, Part I, Line 8 Other Revenue	Other revenue $39 cash back from credit card.
Form 990EZ, Part I, Line 16 Other Expenses	Other expenses include $4,856 field expenses, $3,035 merchant fees, $72 bank charges and fees, $237 dues and subscriptions, $748 office supplies and software, $12,750 professional development, $3,528 software, $10 tax and license expenses and $2,665 website expenses.
Form 990EZ, Part III, Primary Exempt Purpose	Civic Engagement Beyond voting works to engage and empower everyday Arizonans in every level of government in their state. By following the work of the state legislature, school boards, county offices, courts, and other boards and commissions, we inform the public of policies and actions that impact their lives. We seek to move Arizona forward with equity, education, justice, and progressive social ideals.
Form 990EZ, Part III, Line 28 Statement of Program Service Accomplishments	CEBV conducted 61 online trainings for general audiences about Arizona state and local government, writing Letters to the Editor, using messaging effectively, how to testify in public meetings, Arizona political history, and media literacy, in addition to 2 dozen in-person presentations requested by a variety of interest groups all over the state. Attendance varied from 5 people to nearly 300 per meeting, for an estimated 3000 people served. This work involved developing the one-hour trainings and toolkits, scheduling and promoting them through newsletters and social media, and delivering the trainings online or in person.
Form 990EZ, Part III, Line 29 Statement of Program Service Accomplishments	CEBV produced weekly legislative analyses during the legislative session from January 4 through July 13, which included contextual descriptions of major issues being addressed, more than 200 bills being considered, and detailed actions that Arizonans could take to make their voices heard on issues that matter to them. The analyses were published on substack and also summarized and highlighted in a weekly email to an audience of over 12,000 weekly subscribers and followers.
Form 990EZ, Part III, Line 30 Statement of Program Service Accomplishments	CEBV created and delivered one session of a 9 week youth fellowship program that included training on state government, county and local government, attending and speaking in a local public meeting, researching and critiquing Arizona laws and bills, interviewing an elected official, and numerous writing and speaking assignments. A total of 9 young people were trained and were paid $1,500 stipends, and each delivered to a public online meeting their capstone project summarizing actions taken to develop a real-world program based on an issue with meaning for them.

Additional Data

Return to Form

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Software Version: