Form 990

(Rev. January 2020)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A	For the	2019 calendar y	ear, or tax year begir	ning		, 2019, a	and end	ing		, 20
В	Check if a	pplicable:	C Name of organizatiorMC	VE AMERICA FO	RWARD				D Emp	oloyer identification number
	Address cl	hange	Doing business as							84-1627277
	Name cha	nge	Number and street (or P	O. box if mail is not deliver	ed to street address)		Room/su	ite	E Tele	phone number
	Initial retur	า	105 FITE CIRC	LE				108		(916)441-6197
	Final retur	n/terminated	City or town, state or pro	vince, country, and ZIP or t	foreign postal code				G Gro	ss receipts
	Amended :	return	Bacramento, CA	95827					\$	2,734,400
Ħ.	Application	pending	F Name and address of pr		CALLAHAN			H(a) Is this a		n for subordinates? Yes X No
			Same as C abov	-				1 ''	-	ates included? Yes No
	Tax-exem;	<u> </u>) ◀ (insert no.)	4947(a)(1) or	527		1		list. (see instructions)
	Website:		OVEAMERICAFORW		1 10 11 (13)(17)			f		on number 🕨
		ganization: X Con		ociation Other		L Year of format	ion: 200	<u> </u>	•	egal domicile: CA
	rt I	Summary		osicalor. D Onio. P		E Tour or tourist	ion. Doc	7 T 101 Y	Diato or re	gar damost. C21
			the organization's miss	ion or most significar	ot activities. DD	OVIDE AND	PPOMO	שב פווסם	ለውሞ 1	FOR OUR TROOPS ON
		THE FRONT I		ion or most significar	it activities. <u>FR</u>	OATDE WID	PROMO	IE SUPP	OKI	NO GEODAL AND AND
õ		1111 1 1 1 1 1	IIMBD			•				
Ē		-								
Ver	2	Check this hov	· I if the organization	discontinued its one	retions or dispose	d of woods them	250/ -53			
Activities & Governance			g members of the gove							1
مخ										3
ties			endent voting member							2
ξĘ			individuals employed in							4
Ą			volunteers (estimate if							300
			ousiness revenue from							0
	- 5	ivet unrelated bu	isiness taxable income	from Form 990-1, lir	ie 39				. 7b	0
		O		4				Prior Year		Current Year
Revenue			d grants (Part VIII, line					2,346	,002	2,705,215
			revenue (Part VIII, line							0
ě			ne (Part VIII, column (A						(743	29,185
Œ			Part VIII, column (A), lir						•	0
	12	lotal revenue - a	dd lines 8 through 11 (must equal Part VIII,	column (A), line 12	<u>2)</u>	<u>. </u>	2,345	,259	2,734,400
	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines	1-3)		·			0
		Benefits paid to d			0					
s.	15	Salaries, other co	ompensation, employee	231	,079	242,479				
Expenses	16a	Professional fund	draising fees (Part IX,	column (A), line 11e)						0
χpe			expenses (Part IX, col			57,567	13.78.7			
Ü	17	Other expenses ((Part IX, column (A), lir	nes 11a-11d, 11f-24e)		•	2,048	,228	2,128,719
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colum	n (A), line 25) .			2,279	,307	2,371,198
	19	Revenue less exp	penses. Subtract line	18 from line 12		<u> </u>		65	,952	363,202
Net Assets or Fund Balances								ning of Curre	nt Year	End of Year
Sets	20		t X, line 16)					440	,023	734,637
at As	21		art X, line 26)					76	,104	7,516
		Net assets or fun	id balances. Subtract	line 21 from line 20	<u> </u>		. 🗀	363	,919	727,121
	rt II	Signature E								
Unde true.	er penalties correct, an	s of perjury, I declare to nd complete. Declaration	hat I have examined this retu on of preparer (other than offi	π, including accompanying	schedules and statemer	nts, and to the best	of my know	/ledge and beli	ef, it is	
	T		on or proporer (other man one	cery is based on all illionna	tion of which preparer ha	as any knowledge.		· · · · · · · · · · · · · · · · · · ·		
۰	_		ALLAHAN							
Sig		Signature of of	fficer						Da	ite
Her	e i		ALLAHAN, EXECU	TIVE DIRECTOR						
		Type or print n								
	_	Print/Type preparer	's лате	Preparer's signature		Date		Check	X if	PTIN
Paid -		Thomas A C	arlson CPA			11-11-20	20	self-emp	loyed	P01457569
	parer	Firm's name	Carlson	Tax Consultan	ts Inc		Fi	m's ElN ▶		
Jse	Only	Firm's address	510 Oak	Street			Pi	none no.		
		<u></u>		e CA 95678					916-	781-2063
May :	the IRS	discuss this retur	π with the preparer sh	own above? (see ins	tructions)					X Yes No

	m 990 (2019) MOVE AMERICA FORWARD	84-1627277	Page 2
Pá	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> </u>
1	Briefly describe the organization's mission:		
	PROVIDE AND PROMOTE SUPPORT FOR OUR TROOPS ON THE FRONT LINES		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,	
	the total expenses, and revenue, if any, for each program service reported.		
			<u> </u>
4a	/ (Teverior) (Teverior) (Teverior)
	CARE PACKAGES FOR THE TROOPS: THIS PROGRAM ENABLES AMERICANS TO SEND CARE		
	COFFEE, COOKIES, GATORADE, BEEF JERKY, AND OTHER ITEMS DESIRED BY OUR TROOP		
	PERSONNEL IN UNITS BASED AROUND THE WORLD. ENCLOSED WITH EACH CARE PACKAGE		OF
	SUPPORT FROM AMERICAN SUPPORTERS TO THE INDIVIDUAL MEMBERS OF MILITARY UNI	rs.	
		, m	
41-	/O-1		
4b	(Code:) (Expenses \$214,438 including grants of \$) (Revenue)
	PUBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES OF I	J.S. TROOPS IN	COMBAT
	AREAS.	<u></u>	
			·
	<u></u>		
4c	(Code: \ (Evpensos \ 157.205 indulin and \ 1		
-10	(Code:) (Expenses \$157,325 including grants of \$) (Revenue SUPPORT THE TROOPS RALLIES.	* \$)
	BOFFORT INS TROOPS RAILIES.		
		,,	
			
			
4d	Other program services (Describe on Schedule O.)		
	(Exponence C		
4e	Total program service expenses ► 2,116,963	<u> </u>	

84-1627277 MOVE AMERICA FORWARD Checklist of Required Schedules Part IV Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?............ X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III....... 5 X 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? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 X 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 X 13 13 Х X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, b fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 X 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? If "Yes," complete Schedule G, Part I (see instructions) 17 х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?...... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

x

Pa	rt IV Checklist of Required Schedules (continued)		······	-9-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		 	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	İ	١,,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	2.5		Х
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	245		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	 -	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	-	
٠		١		
	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	<u> </u>	ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
ь	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?			
00	If "Yes," complete Schedule L, Part L	25b	ļ. <u>.</u> .	X
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%			
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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			
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	2.7%		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b	"Yes," complete Schedule L, Part IV	28a		X
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	х
•	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	28c	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	X	
••	conservation contributions? If "Yes," complete Schedule M.		l	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
	complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
	or IV, and Part V, line 1			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	0.51		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		17
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
<u> </u>	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pari	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>	
4-			Yes	No
1a _	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			S 1
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			7. 77
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			100
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country	A 1	S and a	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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 partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		e im e. Tra	69.5
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7 <u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			100
С	the organization is licensed to issue qualified health plans			
14a	Enter the amount of reserves on hand	1.00		
b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 720 to report these payments? If "New Yes" has it filed a Form 720 to report these payments?	14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b	$-\!$	
-	and the state of t			
	excess paracrute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	- I	X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
-	If "Yes," complete Form 4720, Schedule O.	16		X
======================================		1945 <u>.</u>		<u> </u>

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 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

Sec	tion A. Governing Body and Management			Γ
4	Enter the number of voting members of the governing body at the end of the tax year	() + (4)	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	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?	2		x
3	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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
_	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3.07.7		•
•	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	^	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			A
	t and the second of the filter and the second of the filter and the second of the seco		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in 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	х	
b		12b	х	•
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by		18.5	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	(5.7)		
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			Taril
	with a taxable entity during the year?	16a		x
b	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			
200	organization's exempt status with respect to such arrangements?	16b		х
3ec 17	List the states with which a copy of this Form 200 is a suited to be 51.			
8	List the states with which a copy of this Form 990 is required to be filed California			
	Section 6104 requires an organization to make its Forms 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. X			
9	— El Opontequest [Other (explain on Schedule O)			
-	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
0				
	State the name, address, and telephone number of the person who possesses the organization's books and records CHRIS BARLOW (916) 441-6197, 3105 FITE CIRCLE STE 108, 60 cm months. CA 05827			

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MOVE AMERICA FORWARD

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Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organizat	ion co	mpe	nsat	ed a	ny cur	rent	officer, director, or	trustee.	
(A) Name and title	(B) Average	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				п	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director			,,			from the	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MELANIE MORGAN CHAIRMAN	25.00	x						0	0	
(2) HOWARD KALOOGIAN	5.00		-					<u> </u>		0
DIRECTOR (3) SAL RUSSO	24.00	X		_				0	0	0
CHIEF STRATEGIST	24.00	x						0	0	0
(4) SHAWN CALLAHAN	40.00									
EXECUTIVE DIRECTOR (5)				X			_	79,000	0	0
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(7)					_					
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Form 990 (2019)

Comparison Com	Part VII Section A. Officers, Directors, Tru	istees, Key Ellip	Joyee	:5, ai		gne C)	St Cor	npe	ensated Employe	es (continuea)	
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for services rendered to the organization? If "Yes," complete Schedule J for such person	5 Did any person listed on line 1a receive or accidental process.	rue compensatior	n from	any u	unrela	ated	organi	izati	ion or individual		
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. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	for services rendered to the organization? If "	Yes," complete S	Schedu	ile J i	for s	uch i	berson	7			5 x
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. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	ection B. Independent Contractors							•	<u> </u>		1 2 2
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who		neated independs	ent com	trast	Oro A	- des		d	oro the 0400 cc	\ _ f	<u>_</u>
(A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	compensation from the organization.	mpopostion for "	(U)	ıu aÇil	VIS (ial it	:	u M u	ore man \$100,000	וטיל	
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who		Ampensation for th	ie cale	ngar	year	end	iing wit	เทอ		zation's tax year.	
2 Total number of independent contractors (including but not limited to those listed above) who									(B)		(C)
2 Total number of independent contractors (including but not limited to those listed above) who	Name and business ad	dress							Description of service	s	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the exceptantian.					_						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the experimentary.											
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the experimentary.			·				-				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the experimentary.							_				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the experimentary.									····		
I otal number of independent contractors (including but not limited to those listed above) who	B T.										
received more than \$100,000 of compensation from the organization	2 Total number of independent contractors (inclu	ding but not limite	ed to the	nose	listed	abo	ove) w	ho		4, 11, 31.5	and a second contract
The state of the s	received more than \$100,000 of compensation	from the organiza	ation	>			•				
A production to organization		The Grade Mac				_				<u> </u>	<u>ng ang pilipin ng milipi</u>

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns 1a Membership dues 1b h Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c 1d d Related organizations Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 2,705,215 Noncash contributions included in \$ 1,371,141 h Total. Add lines 1a-1f 2,705,215 **Business Code** Program Service Revenue f All other program service revenue Investment income (including dividends, interest, and 4,028 Income from investment of tax-exempt bond proceeds 6a Gross rents 6a b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory 25,157 Less: cost or other basis Other Revenue and sales expenses . . c Gain or (loss) 7c 25,157 d Net gain or (loss) 25,157 25,157 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11a e Total. Add lines 11a-11d 2,734,400 29,185

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) Management and (D) Total expenses Fundraising 8b. 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 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 208,409 143,203 57,306 7,900 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 16,683 12,202 4,395 86 10 17,387 11,562 5,166 659 Fees for services (nonemployees): 78,000 54,600 23,400 h Legal...... 10,949 10,949 17,240 17,240 ď Professional fundraising services. See Part IV, line 17 . е Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 184,033 159,118 15,329 9.586 12 Advertising and promotion 146,395 109,978 36,417 13 18,452 12,085 4,139 2,228 14 15 16 47,101 24,078 23,023 17 25,527 25,509 18 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,755 838 596 321 20 21 22 Depreciation, depletion, and amortization 543 278 265 23 18,139 18,139 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BANK CHARGES 22,072 21,014 688 370 EQUIPMENT RENTAL 5,168 2,168 3,000 CARE PACKAGES 1,375,770 1,375,770 POSTAGE & SHIPPING 163,185 163,185 All other expenses 14,390 1,375 13,015 Total functional expenses. Add lines 1 through 24e. 2,371,198 2,116,963 196,668 57,567 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	392,573	1	416,876
	2	Savings and temporary cash investments	332,373	2	410,010
	3	Pledges and grants receivable, net	16,434	+	11,450
	4	Accounts receivable, net	10, 131	4	11,430
	5	Loans and other receivables from any current or former officer, director,			Profesional Augustania
	"	trustee, key employee, creator or founder, substantial contributor, or 35%		Property.	
	·	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		3	
	"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			hiá sie hi kuh senie e i
	7	**************************************		6	,
ets S	8			7	
Assets	9		'	8	
~		Prepaid expenses and deferred charges		9	den de la la la la la la la la la la la la la
	10a	Land, buildings, and equipment cost or other			
	.	basis. Complete Part VI of Schedule D 10a 40,554			
	b	Less: accumulated depreciation	17,243	 	16,700
	11	Investments - publicly traded securities		11	ļ
	12	Investments - other securities. See Part IV, line 11	<u> </u>	12	
	13	Investments - program-related. See Part IV, line 11	7,433	13	283,271
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,340	15	6,340
	16	Total assets. Add lines 1 through 15 (must equal line 33)	440,023	16	734,637
	17	Accounts payable and accrued expenses	76,104	17	7,516
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ᆵ		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	13.111.0.1	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total Ilabilities. Add lines 17 through 25	76,104	26	7,516
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
Ĕ	27	Net assets without donor restrictions		27	e i filosofi i de Marako e de di i pagi daga pid
3ale	28	Net assets with donor restrictions		28	
β		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
9	29	Capital stock or trust principal, or current funds	ran e in a lastit ha da 2010. Colonia ilini	29	k week the consistence of a figure of
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	- 114	30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	363,919	31	707 101
<u>e</u>	32	Total net assets or fund balances	363,919	32	727,121
	33	Total liabilities and net assets/fund balances	440,023	33	727,121
EEA			310,023	-55	734,637

_	1990 (2019) MOVE AMERICA FORWARD	84-162	.7277		'age 12
Pa	rt XI 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	2	,734	,400
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			,198
3	Revenue less expenses. Subtract line 2 from line 1	. 3			,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		363	,919
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 on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		727	,121
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. []
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		733		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		(1.00)	a a la caración	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1	-
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	• • • • •		1-	
	separate basis, consolidated basis, or both:				
	🗵 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		N. Quin	A. W. T.	100 150
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on		1 1 4 5 1 4	 ^ -	1.12
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		in the second	Properties	100
	Single Audit Act and OMB Circular A-133?		3a		4.
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • •	<u>Ja</u>	+	X
	required audit or audits, explain why on Schedule O and describe any stone token to underse and the		31-		1
EEA			3b		2040
			Form	1 990 (2019)

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	_	MERICA FORWARD					84-162727	77					
Pá	ırt I	Reason for Public Char	ity Status (All c	organizations must	complete	this par	t.) See instruction	S.					
The	orga	nization is not a private foundation be	ecause it is: (For line	es 1 through 12, check o	nly one bo	c.)							
1	Ц	A church, convention of churches,	or association of ch	urches described in se d	ction 170(i	o)(1)(A)(i).							
2	Ц	A school described in section 170	(b)(1)(A)(ii) . (Attach	Schedule E (Form 990	or 990-EZ	().)							
3		A hospital or a cooperative hospita	l service organization	on described in section	170(b)(1)(A)(III).		•					
4		A medical research organization or	erated in conjuncti	on with a hospital descri	ibed in sec	tion 170(b)(1)(A)(iii). Enter the						
		hospital's name, city, and state:	·										
5	Ш	An organization operated for the be	nefit of a college or	university owned or ope	rated by a	governmer	ntal unit described in						
		section 170(b)(1)(A)(iv). (Complet											
6		A federal, state, or local government	nt or governmental	unit described in sectio	n 170(b)(1)(A)(v).							
7	Ш	An organization that normally received	es a substantial par	t of its support from a go	overnmenta	d unit or fro	m the general public						
		described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Ц	A community trust described in sec											
9	Ш	An agricultural research organization	n described in sec	tion 170(b)(1)(A)(lx) op	erated in c	onjunction	with a land-grant colle	ge					
		or university or a non-land-grant col	lege of agriculture (see instructions). Enter t	he name, c	ity, and sta	te of the college or	_					
		university:	· ,,,										
10	X	An organization that normally receive	es: (1) more than 3	3 1/3% of its support fro	m contribut	tions, meml	pership fees, and gross						
		receipts from activities related to its	exempt functions -	subject to certain excep	tions, and (2) no more	than 33 1/3% of its						
		support from gross investment incor	ne and unrelated bu	usiness taxable income (less sectio	n 511 tax)	from businesses						
		acquired by the organization after J	une 30, 1975. See	section 509(a)(2). (Cor	nplete Part	: III.)							
11	님	An organization organized and ope	rated exclusively to	test for public safety. S	ee sectio n	509(a)(4).							
12	Ц	An organization organized and open	ated exclusively for	the benefit of, to perform	the function	ons of, or to	carry out the purpose	s					
		of one or more publicly supported of	rganizations descri	bed in section 509(a)(1) or sectio	n 50 9(a)(2). See section 509(a) (3).					
	а	Check the box in lines 12a through	12d that describes th	ne type of supporting org	ganization a	and comple	te lines 12e, 12f, and 1	2g.					
	а	The management of Armana	on operated, super	ised, or controlled by its	s supported	d organizat	ion(s), typically by givi	ng					
		the supported organization(s) the	e power to regularly	y appoint or elect a majo	ority of the	directors or	trustees of the						
	b	supporting organization. You m	ust complete Part	IV, Sections A and B.									
	~	Type II. A supporting organizati	on supervised or co	ontrolled in connection v	vith its sup	ported orga	anization(s), by having						
		control or management of the su	pporung organizati	on vested in the same pe	ersons that	control or r	nanage the supported						
	С	organization(s). You must com	piete Part IV, Sect	ions A and C.									
	•	☐ Type III functionally integrated its supported organization(s) (see the support of the su	u. A supporting org	anization operated in co	nnection v	ith, and fu	nctionally integrated wi	ith,					
	d	its supported organization(s) (se	refed A supporting	u must complete Part	IV, Section	ns A, D, ar	id E.						
	_	and the same same same same same same same sam	The organization of	g organization operated	in connect	ion with its	supported organizatio	n(s)					
		that is not functionally integrated requirement (see instructions).	. The organization (generally must satisfy a t	ISTRIBUTION	requiremer	it and an attentiveness						
	е	Check this box if the organization	rou must complet received a written	determination from the l	ina D, and	Part V.							
	•	functionally integrated, or Type I	li non-functionally is	determination from the i	RS that it is	sa iypei,	Type II, Type III						
	f	Enter the number of supported organ	nizations	negrated supporting org	janization.								
		Provide the following information abo		ganization(s)	• • • • •		• • • • • • • • • • •	• • • •					
		Name of supported organization	(ii) EiN	(iii) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	6-3) A					
			, ,	(described on lines 1-10		r governing	support (see	(vi) Amount of other support (see					
				above (see instructions))	docum	ient?	instructions)	instructions)					
					Yes	No							
(A)													
		4											
(B)								·					
(C)													
(D)								<u>-</u> .					
\ <u>-</u>													
(E)				-									
Total					gala nelah	6.18 ²⁸ 4) 214 1							

Schedule A (Form 990 or 990-EZ) 2019 MOVE AMERICA FORWARD 84-1627277 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar 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.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017(d) 2018 (e) 2019 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) 13 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) ▶ 🗌 Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this П b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III	Support 9	Schedule for Organizations	Described in Section 509(a)(2

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction A. Public Support						
Cal	endar 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.")	1,425,293	1,583,730	2,968,318	2,346,549	2,693,765	11,017,655
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						_
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1,425,293	1,583,730	2,968,318	2,346,549	2,693,765	11,017,655
	Amounts included on lines 1, 2, and 3				•		•
	received from disqualified persons						
b	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 7a and 7b						
8	Public support. (Subtract line 7c from	120 (0.10 1/2 1/2 1/2 E					
	line 6.)						11,017,655
Se	ction B. Total Support	Total Control of the	10 10 10 12 A 1 1 W 10 T 1	2007	ALL ALL STATE OF STATE OF STATE	<u> </u>	
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,425,293	1,583,730	2,968,318			11,017,655
10a	Gross income from interest, dividends,		2,202,730	2/300/320	2,310,313	2,055,705	11,017,033
	payments received on securities loans, rents,						
	royalties, and income from similar sources	21	177	446	EAR	4 029	5 010
b	Unrelated business taxable income (less		1//		547	4,028	5,219
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	21	122	446		4 000	
11		21	177	446	547	4,028	5,219
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					_	
-	loss from the sale of capital assets		Î	į			
	(Explain in Part VI.)				l		
12	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14		1,425,314	1,583,907	2,968,764	2,347,096	2,697,793	11,022,874
'-	First five years. If the Form 990 is for the or	ganization's tirs	it, secona, third	a, rourth, or titt	n tax year as a	section 501(c)	(3)
Sad	organization, check this box and stop here ction C. Computation of Public Suppor	 	<u> </u>	• • • • • • •	· · · · · · · · ·		<u></u> ▶ ∐
15	Public support percentage for 2010 (line 9	T Percentage	- 1 h - 2 - 40			7 1	
16	Public support percentage for 2019 (line 8, c	olumn (T), alvide	ed by line 13, d	column (f))		15	99.95 %
Sac	Public support percentage from 2018 Schedu	ule A, Part III, III	ne 15	· · · · · · · ·	· · · · · · · ·	16	99.99 %
17	ction D. Computation of Investment Inc Investment income percentage for 2019 (line	do estima (tage	- 40 1	(0)	a=	
17 18	Investment income percentage for 2019 (line	i iuc, column (i), alvided by iir	ne 13, column	(†))	17	0.00 %
192	Investment income percentage from 2018 Sc 33 1/3% support tests - 2019. If the ergosize	ation did and a	iii, line 17			18	0.00 %
. 50	33 1/3% support tests - 2019. If the organiz	auon did not ch	eck the box on	ı iine 14, and li	ne 15 is more	tnan 33 1/3%,	and line
h	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2018. If the exercise	and stop nere.	ine organizat	ion qualifies as	a publicly sup	ported organiz	ation . ▶ 🗓
	33 1/3% support tests - 2018. If the organiz	auon did not ch	eck a box on li	ne 14 or line 1	ya, and line 16	s is more than (ಚ 1/3%, and
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did n	uux and stop h et ebeel: = '-	ere. The organ	uzation qualifie	es as a publicly	supported org	anization ► ∐
_~	· · · · · · · · · · · · · · · · · · ·	ot check a box i	on line 14, 19a	ı, or 196. checi	k this box and :	see instruction:	s ▶ ll

Part IV Suppor

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 Support	ling 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)(B) purposes.
- 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?
- 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.
- 10a 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.)

	Yes	No
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10h		
10b m 990 or	990-E2	7) 20-10
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P	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Palinto de Servicio		
;	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	165 51 1 168 7 2 2		
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b	<u> </u>	
<u>_</u>	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		
36	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	17 N 877	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	19.49		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1 / Contr 5 / 4 / 4		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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			
	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.			
_	supervised, or controlled the supporting organization.	2		
Sec	tion 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	V3		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	977		
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s).	1		
<u> </u>	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported associations to the state of		Yes	No
-	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	9.2		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	5.5.5 tur
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			get i
	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	10-1	12 13 47
Sec	tion 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 in		onsi	
а	The organization satisfied the Activities Test. Complete line 2 below.		U.1 .07.	
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 (s	ee ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		i	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	trie supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			<i>[4</i>]
	those supported organizations and explain how these activities directly furthered their exempt purposes,			dily.
	how the organization was responsive to those supported organizations, and how the organization determined			
h	that these activities constituted substantially all of its activities.	2a		
~	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	ACTIVITIES BUT for the organization's involvement			
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		-,-,
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	ICUSINES OF EACO OF the cumported ergonization of Duration 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		- 14 ¹ .	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	. Se gara J. T	4 No. 20
		3h		1,218

	dule A (Form 990 or 990-EZ) 2019 MOVE AMERICA FORWARD		84-16272	277 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organi	zatio	ons must complete Sections	A through E.
Sec	tion 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			
	ellection of gross income or for management, conservation, or			ĺ
	aintenance 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		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1,778.1 2,31.1	Charles of the company	75 A A A A A A A A A A A A A A A A A A A
ins	structions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	10		
е	Discount claimed for blockage or other	W.S.		
fa	actors (explain in detail in Part VI):			
_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,			
se	e instructions).	4		
_ 5	The state of the s	5		,
6	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
	tion 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		
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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	intec	rated Type III supporting or	ganization (see
	instructions).	-	, , , , , , , , , , , , , , , , , , ,	
EEA			Schedule A	(Form 990 or 990-EZ) 2019

	MOVE AMERICA FORWARD		84-16	27277 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	
Se	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem-	pt purposes of supported		
	organizations, in excess of income from activity			
3				
4	Amounts paid to acquire exempt-use assets			
5				
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8		he organization is respon	sive	
	(provide details in Part VI). See instructions.		••	
9	Distributable amount for 2019 from Section C, line 6	7		
10	Line 8 amount divided by line 9 amount			<u></u>
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, lo 2019 From 2014 From 2015 From 2016 From 2017 From 2017 From 2018 Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 4 and 4b from 4. Remaining underdistributions of prior years Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 4 and 4b from 4. Remaining underdistributions of prior years Applied to 2019 distributable amount ARM Remaining underdistributions of 2019. Subtract lines 4 and 4b from 1 in 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions carryover to 2020. Add lines 3i and 4b. Distributions for the carryover to 2020. Add lines 3i and 4b. Excess from 2016 Excess from 2016 Excess from 2016 Excess from 2016			
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			
3	Excess distributions carryover, if any, to 2019			
				
b	From 2015			
		Treversion Contracts		
d	From 2017			
h	Applied to 2019 distributable amount		7. 34. C.	
<u>i</u>	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4				
а	Applied to underdistributions of prior years	3 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Total Section 1979 (April 1979) Total Section 1979 (April 1979)	
b	Applied to 2019 distributable amount			<u>Baran dari di masalar dari</u>
	Remainder, Subtract lines 4a and 4b from 4.			
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			Parameter de de de de de de de de de de de de de
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3i	The state of the s		
8	Breakdown of line 7:	Web 7 Comment of the		
а	Excess from 2015			
b	Excess from 2016	V/A/25 NYA/25 NYA/25 NYA/25 N		
	Excess from 2017			
	Excess from 2018	The second section of the section of the section		atuer kilkette kokule (k. f. Kiler kokule ele

e Excess from 2019

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

11c, 11d, 11e, 11f, 12a, or 12b.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization		Employer Identification number
MOV	E AMERICA FORWARD		84-1627277
Pa	rf I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in we	riting that the assets held in donor advis	ed
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor adv		
	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		
Pa	tt II Conservation Easements.		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" or	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or educ	· · · · · · · · · · · · · · · · · · ·	ion of a historically important land area
	Protection of natural habitat		ion of a certified historic structure
	Preservation of open space	Flescivat	or or a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	f a concentration
	easement on the last day of the tax year.	COLISE VALION COMMIDGRATIN RICE TO THE	12 Televis
а	The second secon	• • • • • • • • • • • • • • • • • • •	Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired af	tor 7/25/06 and not on a	2c
-			
3	Number of conservation easements modified, transferred, release	sood outlinguished as towning to the the	2d
_	tax year	ased, extinguished, or terminated by the	organization during the
4	Number of states where property subject to conservation ease	ment is located.	
5	Does the organization have a written policy regarding the perio		
•	violations, and enforcement of the conservation easements it he		п., п.,
6	Staff and volunteer hours devoted to monitoring, inspecting, har		
_	Total to a field devoted to mornoring, mapacing, flat	iding of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	a of violations and autously	
-	► \$	g or violations, and enforcing conservat	ion easements during the year
8			4 14 15 10
•	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	sausty the requirements of section 170	(n)(4)(B)(i)
9	In Part XIII describe how the organization reports		Yes No
•	In Part XIII, describe how the organization reports conservation	teasements in its revenue and expense	statement, and
	balance sheet, and include, if applicable, the text of the footnote organization's accounting for conservation easements.	to the organizations financial statemen	his that describes the
Pai	Crganizations Maintaining Collections	of Art Historical Tracauras	- Other Civiles A
	Complete if the organization answered "Yes" o	n Form 000 Ded 8/ Eng 0	or Other Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958,	n Form 990, Part IV, line 6.	
-	of art historical treasures or other similar coasts hald for multi-	not to report in its revenue statement a	ind balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in tu	rtherance of public
b	service, provide, in Part XIII the text of the footnote to its finance. If the organization elected, as permitted under EASP ASC OFF		
~	If the organization elected, as permitted under FASB ASC 958, art, historical treasures, or other similar assets held for public as	to report in its revenue statement and i	palance sheet works of
	art, historical treasures, or other similar assets held for public ex provide the following amounts relating to these items:	cribition, education, or research in furth	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · • • • <u> </u>
2	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
-	If the organization received or held works of art, historical treasi		I gain, provide the
а	following amounts required to be reported under FASB ASC 95	or relating to these items:	_
u h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
~	ABBOTO INCIDIO CONTINUO DE SANCO A PROPERTO DE LA CONTINUO DEL CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DEL CONTINUO DE LA CONTINUO DEL CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DEL CONTINUO DE LA CONTINUO DEL CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DEL CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE LA CONTINUO DE L		▶ \$

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				****
	Leasehold improvements		21,158	4,215	16,943
d	Equipment		19,396	19,639	(243)
е	Other	<u>"</u>		,	(213)
Tota	1. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colun	nn (B), line 10c.)		16,700

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ine 11b. See Form 990, Part X, line 1
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-h	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			\(\frac{1}{2}\)
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	-	
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on Fe	orm 990, Part IV, li	ne 11c. See Form 990, Part X, line 1
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)EQUITY	FUNDS	59,680	FMV
(2)EXCHAN	GE TRADED FUNDS	216,615	FMV
(3)EQUITI	ES	6,976	FMV
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	283,271	
Part IX	Other Assets.		
***************************************	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lii	ne 11d. See Form 990, Part X, line 1
	(a) Description		(b) Book value
(1)DTHER 2	ASSETS		2,
(2)DEPOSIT	C		4,
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		_	
(9)			
「otal. <i>(Colum.</i> Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		▶ 6,
	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,
i.	(a) Description of liability (b) Boo	kvetvo	
(1) Federal i		, value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Pert X, col. (B) line 25.) . ▶		
	uncertain tax positions. In Part XIII, provide the text of the footnote	to the organization's fin-	ancial statements that reports the
rganization's l	liability for uncertain tax positions under FASB ASC 740. Check he	re if the text of the footn	ofe has been provided in Part XIII

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

2019

Open To Public

Name of	the organization				TOT INCL	aotions t	and the p	Em	ployer ide	ntificatio		nspec ber	LION	italitatik
	AMERICA FORWARD							84	-1627	277				
Part		it Transactions	s (section 501	(c)(3), s	ection (501(c)(4)	, and 50	1(c)(29) orgai	nization	s only	').			
	Complete if the	organization a	nswered "Yes	on Fo	rm 990,	Part IV,	line 25a	or 25b, or Fo	rm 990-	EZ, P	art V	, line	40b.	
1	(a) Name of disqualified pers	soп .	(b) Relationship be	tween disc organizatio		șon and		(c) Descript	ion of trans	action			(d) Co	rrected?
				organizatio	R		 	(-,					Yes	No
(1)														
			7				1						-	-
(2)														
				***									\dagger	
(3)														
2 E	nter the amount of tax inc	curred by the org	anization manag	ers or di	isqualifie	d persons	during th	э уеаг						
3 E	nder section 4958	ami an line 2 ab				•••••				▶ :	\$			
.	nter the amount of tax, if	any, on line ∠, ap	ove, reimbursed	by the c	organizati	ion		• • • • • • • •		> :	\$			
Part	Loans to and/o	or From Interes	sted Persons											
	Complete if the	organization ar	nswered "Yes"	on For	m 990-l	EZ, Part	V, line 3	8a or Form 99	0. Part	IV. lir	e 26:	or if	the	
	organization rep	orted an amou	int on Form 99	0, Part	X, line	5, 6, or 2	2.		,	,	,	.	,	
(a) N	lame of interested person	(b) Relationship	(c) Purpose of	(d) Lo	oan to or	(e) Oı	riginal	(f) Balance due	(g) in	default?	(h) Ac	proved	T _{mw}	ritten
		with organization	Юап	1	m the ization?	principal	amount		.=-		1 , , ,	ard or	1 ''	ment?
			·	- Grgan	T	-				1	сояпп	nittee?		
				To	From	. <u> </u>		,	Yes	No	Yes	No	Yes	No
(1)														
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(4)														
(3)				<u> </u>	ļ						ļ			
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(5)														
Total					• • • •		. > \$		9.35	ŽŽ(y)A			51.	
Part I	II Grants or Assi	istance Benefi	ting Intereste	d Pers	ons.				BA 245 0 M	0.00 0	MARKET C	er Sections		
	Complete if the	organization a	nswered "Yes	on Fo	rm 990,	Part IV,	line 27.							
(a)	Name of interested person	(b) Relationsh	ip between interested	i (c)	Amount of	assistance	(d)	Type of assistance		(e)	Purpos	e of ass	stance	
		person an	d the organization		***		<u> </u>							
(1)							-							
	<u>.</u> .			_			-	······································						
(2)														

(4)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
		<u> </u>		Yes	No	
) SAL RUSSO	DIRECTOR	78,000	SAL RUSSO IS PRESIDENT AND DIRECTOR OF RMA		x	
()	·					
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) urt V Supplemental Information					<u> </u>	
Provide additional information	on for responses to questions	on Schedule L (see	instructions).			
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number MOVE AMERICA FORWARD 84-1627277 Part I Types of Property

Check if applicable sport and applicable sport applicable	10000	typos of Froperty	(a) (b) (c)			(al)		
Art - Works of art Art - Historical treasures Art - Historical treasures Art - Fractional interests Books and publications Citidring and household goods X 636,339 PMV 6 Cars and other vehicles Intellectual property Boots and planes Intellectual property Securities - Closely held stock Color or furst interests Coule field conservation contribution - Historic structures Accurate - Miscellaneous Qualified conservation contribution - Historic structures Accurate - Real destate - Comercial Real estate - Comercial Real estate - Comercial Real estate - Comercial Real estate - Comercial Collectibles Drugs and medical supplies Traidermy Art - Real estate - Comercial Boots and medical supplies Traidermy Art - Fractional fire forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283. Part IV, Donee Acknowledgement Leg May Set and					Noncash contribution	Metho		na
1 Art - Works of art 2 Art - Historical tressures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 5 Cars and other vehicles 6 Cars and other vehicles 7 Boats and planes 1 Intellectual property 1 Securities - Publicly traded 10 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Securities - Closely held stock 14 Securities - Publicly traded 15 Securities - Shiceafleneous 16 Securities - Misceafleneous 17 Securities - Misceafleneous 18 Securities - Misceafleneous 19 Securities - Misceafleneous 19 Securities - Misceafleneous 10 Custified conservation contribution - Historic structures 10 Custified conservation contribution - Other 10 Custified conservation contribution - Other 10 Securities - Misceafleneous 10 Securities - Misceafleneous 11 Custified conservation contribution - Historic structures 12 Securities - Misceafleneous 13 Custified conservation contribution - Historic structures 14 Custified conservation contribution - Other 15 Real estate - Commonitie 16 Real estate - Commonitie 17 Real estate - Other 18 Collectibles 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taddermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other + (CARE PACKAGE) 26 Viter + (CARE PACKAGE) 27 Other + (CARE PACKAGE) 28 Other + (CARE PACKAGE) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Dense Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which sint required 30 to be used for exempt purposes for the entire holding periods 30			applicable	items contributed	Form 990, Part VIII, line 1g			
3 At - Fractional interests 4 Books and publications 5 Coloring and household goods 6 Cars and other vehicles 7 Boats and planes 1 Intellectual property 8 Securities - Publicity traded 10 Securities - Publicity traded 11 Securities - Publicity traded 12 Securities - Publicity traded 13 Securities - Publicity traded 14 Custified conservation contribution - Historic structures 15 Real estate - Seledential 16 Real estate - Conveneratial contribution - Other 17 Real estate - Conveneratial 18 Real estate - Conveneratial 19 Food Inventory 19 Food Inventory 10 Program and medical supplies 11 Tackdermy 12 Historical artifacts 13 Socientific specimens 14 Custified conservation contribution - Other 15 Real estate - Conveneratial 16 Real estate - Conveneratial 17 Real estate - Conveneratial 18 Cellectibles 19 Food Inventory 10 Drugs and medical supplies 11 Tackdermy 12 Historical artifacts 13 Socientific specimens 14 Archeedigal artifacts 15 Chier ► (CARE PACKAGE) 15 X 69,71,7 16 Chier ► (CARE PACKAGE) 17 X 69,71,7 18 Culture ← (COPFER) 18 Colore ► (CARE PACKAGE) 19 Number of Forms £283 received by the organization during the tax year for contributions for which the organization completed Form £283, Part IV, Donee Acknowledgement 19 Ves Number of Forms £283 received by the organization during the tax year for contributions for which the organization completed Form £283, Part IV, Donee Acknowledgement 20 During the year, did the organization receive by contribution and which isn't required to be used for exempt purposes for the entire holding periodo? 20 During the year, did the organization receive by contribution and which isn't required to be used for exempt purposes for the entire holding periodo? 21 Archedigation of the part II. 22 Doos the organization hier or use third parties or related organizations to solicit, process, or sell noncash contributions? 23 If Yes,' describe in Part II. 24 If the organization the report an amount in column (c) for a type of property for which column (a) is checked,	1	Art - Works of art						
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5 Clothing and household goods X 636,339 PMV 6 Cars and other vehicles	4	Books and publications						
goods	5	•				1		
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Securities - Publicly traded								
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SCHEDULE 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.

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.lrs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

	PROVAL BEFORE
	PPROVAL BEFORE
FILING. 02. Conflict of interest policy compliance (Part VI, line 12c)	
02. Conflict of interest policy compliance (Part VI, line 12c)	
THE PART OF THE PA	TE AND
BOARD MEMBER HAS A CONFLICT OF INTEREST, THEY ARE REMOVED FROM THE VOTING DEC	ISION.
03. CEO, executive director, top management comp (Part VI, line 15a)	
MAF FOLLOWS OUR POLICY FOR COMPENSATION TO ENSURE A REVIEW AND APPROVAL BY TH	E BOARD OF
DIRECTORS.	
04. Other officer or key employee compensation (Part VI, line 15b	
MAF FOLLOWS OUR POLICY FOR COMPENSATION TO ENSURE A REVIEW AND APPROVAL BY THE	E BOARD OF
DIRECTORS.	
05. Governing documents, etc, available to public (Part VI, line 19)	
MAF PROVIDES ALL DOCUMENTS TO THE PUBLIC UPON REQUEST.	
$oldsymbol{\cdot}$	