Form 990

Return of Organization Exempt From Income Tax

		Under sec	ction 504(a) ===	in Exempt Fron	n Income Tax	OMB No. 1545-0
	Department of the Treasury	■				2047
	Internal Revenue Service		Do not enter social security numl Go to www.irs.gov/Form990 for	bers on this form as it m	av ho made	ons) 2017
	A For the 2017 calenda B Check if applicable:	ar year, or tax v	► Go to www.irs.gov/Form990 for rear beginning	instructions and the lat	est inform	Open to Publ
ŗ	B Check if applicable:	C Name of proaping	etion MOVER	. 201	7, and ending	Inspection
F	Address change	Doing business as	ation MOVE AMERICA FORWARD	, , , , , , , , , , , , , , , , , , , ,	r, and ending	, 20
Ļ	Name change					D Employer identification
F	Initial return	3105 FITE	et (or P.O. box if mail is not delivered to street a	ddress)		84-1627277
Ļ	Final return/terminated		CIRCLE:		Room/suite	E Telephone number
L	Amended return	Sacramant	or province, country, and ZIP or foreign postal	code	108	(916) 441-6197
L	Application pending F	- oranicit C	LO, LA USON			G Gross receipts
200		Name and address	of principal officer: SHAWN CALLA	AHAN		\$ 2,968,318
1	Tax-exempt status: X 501	Same as C	above		H(a) Is this a group return	of for subordinates? Yes X
J		01(c)(3) 501((c) () ◀ (insert no.) 4947(a,)(1) or	H(b) Are all subordina	ites included
K	Form of organization: X Con	rporation Trust	AFORWARD. ORG)(1) or 527	If "No," attach	n a list (see instructions)
P	art I Summary	rporation Trus	st Association Other		H(c) Group example	n number
P. (1986)		the .		L Year of forma	tion: 2004 M State of leg	
Ф	AND THE TO	me organization	's mission or most significant activitie	20:		
nc	THE THETR M	MISSION IN	THE WAR ON TERROR	PROVIDE AND	PROMOTE SUPPORT F	OD OTT
rıs			- SIGNOR		TOTAL P	OR OUR TROOPS
) ve	2 Check this how >					
Ö	3 Number of votice	if the organ	nization discontinued its operation			
Activities & Governance	4 Number of voting	members of the	nization discontinued its operations of governing body (Part VI, line 1a)	r disposed of more than 2	25% of its net assets	
tie	wumber of indepe				- an annual and an an an	1
ťiv	5 Total number of inc	dividuals emplo	embers of the governing body (Part \ yed in calendar year 2017 (Part V, lir	√I, line 1b)	3	3
Ac	6 Total number of vo	olunteers (action	the saleridar year 2017 (Part V, lir	ne 2a)	4	2
					5	4
	b Net unrelated busin	ness taxable inc	from Part VIII, column (C), line 12 come from Form 990-T, line 34		6	300
					7a	0
d)	8 Contributions and g	grants (Part VIII	Contractor transcent		7b	0
Ď		Venue (Doct \ ///			Prior Year	Current Year
Revenue	10 Investment income	(Part VIII colum			1,583,730	2,966,937
R	11 Other revenue (Part	t VIII. column (A	nn (A), lines 3, 4, and 7d)			
	12 Total revenue - add	lines & the	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		145	1 201
	13 Grants and similar a	mes o through	A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 (must equal Part VIII, column (A), art IX, column (A), lines 1-3)	line 12)	3,886	1,381
	14 Benefits paid to or fo	mounts paid (Pa	11 (must equal Part VIII, column (A), art IX, column (A), lines 1-3) rt IX, column (A), line 4)	, mic 12)	1,587,761	2.000
10	15 Salaries other comp	" members (Pa	rt IX, column (A) line 4)			2,968,318
		(1 a	(), ()			
Se		ensation omela				0
ense	16a Professional fundrais	ensation, emplo	oyee benefits (Part IX, column (A), lir	nes 5-10)		0
Expense	16a Professional fundrais b Total fundraising expe	ensation, emplo sing fees (Part IX	oyee benefits (Part IX, column (A), lir X, column (A), line 11e)	******	204,482	
-	 Professional fundrais Total fundraising expenses Other expenses (Part 	pensation, emplo sing fees (Part IX enses (Part IX, o	oyee benefits (Part IX, column (A), lir X, column (A), line 11e) column (D), line 25)	79 575		0
1	 16a Professional fundrais b Total fundraising expe 17 Other expenses (Part 18 Total expenses, Add I 	Densation, emplosing fees (Part IX, enses (Part IX, ot IX, column (A),	oyee benefits (Part IX, column (A), lin X, column (A), line 11e) column (D), line 25)	78,575	204,482	0 219,407 0
1	 16a Professional fundrais b Total fundraising expe 17 Other expenses (Part 18 Total expenses, Add I 	Densation, emplosing fees (Part IX, censes (Part IX, column (A),	oyee benefits (Part IX, column (A), lin X, column (A), line 11e) column (D), line 25)	78,575	204,482	0 219,407 0 2,758,272
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1	 16a Professional fundrais b Total fundraising experiments 17 Other expenses (Part Total expenses. Add I Revenue less expenses) 10 Total assets (Part X, Iii 1 Total liabilities (Part X 	pensation, emplo sing fees (Part IX) enses (Part IX), of t IX, column (A), lines 13-17 (mu- des. Subtract line ine 16)	oyee benefits (Part IX, column (A), lir X, column (A), line 11e) column (D), line 25) , lines 11a-11d, 11f-24e) ist equal Part IX, column (A), line 25)	78,575	204,482 1,300,430 1,504,912 82,849 Beginning of Current Year	0 219,407 0 2,758,272
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Land Balances	16a Professional fundrais b Total fundraising expe 17 Other expenses (Part 18 Total expenses. Add I 19 Revenue less expense 10 Total assets (Part X, lir 11 Total liabilities (Part X, Net assets or fund bala 15 Signature Block	pensation, emplosing fees (Part IX, or tall, and tall, a	oyee benefits (Part IX, column (A), lin X, column (A), line 11e) column (D), line 25) lines 11a-11d, 11f-24e) ist equal Part IX, column (A), line 25) ie 18 from line 12	78,575	1,300,430 1,504,912 82,849 Beginning of Current Year 310,430	2,758,272 2,977,679 (9,361) End of Year 348,962 50,995
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	Part III Statement of Program Service Accomplishments 84-1627277
1	The state of contains a response or note to any line in this But the
	Briefly describe the organization's mission:
	TROVIDE AND PROMOTE SUPPORT FOR OUR TROOPS AND THETE MISSION CO.
	PROVIDE AND PROMOTE SUPPORT FOR OUR TROOPS AND THEIR MISSION IN THE WAR ON TERROR
2	Did the arms in the second of
~	Did the organization undertake any significant program services during the year which were not listed on the
	If "Yes," describe these new services on School 1.
3	Did the organization cease conducting or make a training
	If "Yes" describe these at
4	Describe the Organization's program as a significant to the organization of the organi
	expenses. Section 501(c)(3) and 501(c)(4) organizations can be seen of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
la	(Code:) (Expenses ©
	CARE PACKAGES FOR THE TROOPS: THIS PROGRAM ENABLES AMERICANS TO SEND CARE PACKAGES FILLED MILITARY PERSONNEL. GATORADE, BEEF JERKY, AND OTHER ITEMS DESIDED OF THE PACKAGES FILLED
	WITH COFFEE, COOKIES, GATORADE, BEEF JERKY, AND OTHER ITEMS DESIRED BY OUR TROOPS DIRECT TO ARE MESSAGES OF GUIDANT AND ARCHANISTAN, ENCLOSED WITH
	MILITARY PERSONNEL IN UNITS BASED IN IRAQ AND AFGHANISTAN. ENCLOSED WITH EACH CARE PACKAGE ARE MESSAGES OF SUPPORT FROM AMERICAN SUPPORTERS TO THE INDIVIDUAL MEMBERS OF MILITARY UNITS
	TROM AMERICAN SUPPORTERS TO THE INDIVIDUAL MEMBERS OF THE PACKAGE
	INDUSTRIAL OF MILITARY UNITS
-	
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- (0	Code: \(\frac{1}{2}\text{Victorials 2}\)
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1	Code:) (Expenses \$262,175 including grants of \$) (Revenue \$) UBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES OF U.S. TROOPS IN
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PC	UBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES OF U.S. TROOPS IN OMBAT AREAS.
P C	UBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES OF U.S. TROOPS IN OMBAT AREAS. Discourse \$ 262,175 including grants of \$) (Revenue \$) OMBAT AREAS.
P C	UBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES OF U.S. TROOPS IN OMBAT AREAS.
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P C	UBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES OF U.S. TROOPS IN OMBAT AREAS. Discourse \$ 262,175 including grants of \$) (Revenue \$) OMBAT AREAS.
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P C (Co	UBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES OF U.S. TROOPS IN OMBAT AREAS. DISCREPANCE S 100 SUPPORT OF THE ROLES OF U.S. TROOPS IN DISCREPANCE S 100 SUPPORT OF U.S. TROOPS IN DISCREPANCE S 100 SUPPOR

Form 990 (2017)

		of Required Schedules	84-16272	277		Page 3
	1					age 3
		and digatilization described in coefficients			T	_
	2	complete Schedule A			Yes	No
	2	is the organization required to complete a				
	3	Did the organization engage in direct as indi-		1	X	
		candidates for public office? If "You " annual campaign activities on behalf of or in opposition to		2	X	
	4	candidates for public office? If "Yes," complete Schedule C, Part I election in effect during the tax year? If "Yes," complete Schedule C. Part II ls the organization.				
		election in effect during the organization engage in lobbying activities or house		3		X
	5		-			
		Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives		4		37
		association that receives membership de		-		X
	c	r dit III	1			
	6	Did the organization maintain any despera		_ 1		
				5		X
		res, complete Schedule D. Part I.		- 1		
	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		- 1		
		the environment historic land acconservation easement, including easements to preserve easements		6	- 1	X
	8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				
		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		7	100	X
	9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, see		-	-	
		State organization report an amount in Part X, line 21, for escrow or quote in		8	1,	,
			-	+		<u> </u>
		debt negotiation services? If "Voo." and the services are the services of the				
		Did the organization, directly or through a service of the organization directly or through a service organization.		.		
		The first and own onto	6	-	X	
	11	If the organization's answer to any of the following				
		VII, VIII, IX, or X as applicable	1	0	X	10
	a [Did the organization report an amount for the organization report and amount for the organizatio				
	C	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Did the organization report an amount for investments - other securities in Part X, line 12 that is seen to be seen the securities in Part X, line 12 that is seen to be seen the securities in Part X, line 12 that is seen to be seen the securities in Part X, line 12 that is seen to be seen the seen that is seen to be seen that is seen to be seen that is seen to be seen that is seen				
	b [Oid the organization proof				
	0	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	· · · 11a	X		
		acceptable in Part V in a social repulsion in Part V in a soci		+:	-	_
	01	id the organization report an amount for investments - program related in Part VII f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 13 that is 5% or more	· · · 11b		l v	
	d D	fits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	-	+	X	_
	4 0	the organization report an amount feet the	144	1		
	re	ported in Fall A. line 167 if "Voo " and the state of the	· · · 11c	-	X	_
	0 0	dule organization report an amount for		1		
		organization's senarate or consellations	· · · 11d	-	X	
		organization's liability for upportain.	· · · 11e		X	.
12		" O o garrization ontain separate in t				
	Sc	hedule D, Parts XI and XII	· · · 11f		X	
1) Wa	is the organization included:			1	20
	"Ye	is the organization included in consolidated, independent audited financial statements for the tax year? If	· · · 12a	X		
13	Is ti	on a read if the organization answered "No" to line 12a, then completing Schoolstone Schoo		- 21	-	
14a	Did	is," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional the organization a school described in section 170(b)(1)(A)(ii)? If "Yes" complete Set had a XII is optional	· · 12b		17	
b		and digariization maintain an office and the state of the	13		X	
b	Dia	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.0		X	
	Tunc	Iraising, business, investment, and program service activities outside the United States, or aggregate	· · 14a		X	
141227	iore	gn investments valued at \$100,000				
15	Dia	the organization report on Part IV		- 1		
	ior a	ny foreign organization? If "Voo."	· · 14b		X	
16	Did t	he organization report on Park IV.				
	assis	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	- 1	X	
17	Did t	stance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		-	- 11	
	Part	ne organization report a total of more than \$15,000 of expenses for professional fundamental and IV	16		77	
18	Did #	A) Column (A), lines 6 and 11 an 16 m		+	X	
.0	Did (i	ie organization report more than the state one	47			
40	ran \	/III, lines 1c and 8a? If "Yes," complete Schedule C. Park II.	17		X	
	Did (II	e ordanization report more the				
	If "Ye:	e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? s," complete Schedule G, Part III	18		X	
EEA					_	
			· 19		X	

Part IV

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Yes No If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the X 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 23 X \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior X year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 25b Χ 26 current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 26 27 X substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, X 28 Part IV instructions for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 29 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 30 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 35b X 36 related organization?/f "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O. 38

84-1627277

Chees if Sheeduks Contains a response or note to any link in this Part V	Form 9	90 (2017) MOVE AMERI FORWARD 90 (2017) MOVE AMERI FORWARD 90 (2017) MOVE AMERI FORWARD			
Enter the number of epoted in Box 3 of Form 1086. Enter 4-of Find applicable 12		V Statements Regarding Other IKS I Imigs and Tax		• •	
Select the number reported in Box 3 of Form 1096. Enter 6- Find applicables 10 10 10 10 10 10 10 1		Check if Schedule O contains a response or note to any line in this Part v		Yes	No_
b Einter the number of Forms W-226 included in in 1s at Euro- in this application. Did the organization comply with bookup withholding rules for reportable payments to vendors and reportable garming (gambing) winnings to prize winners? Statements, filled for the calendar year ending with or within the year covered by this situm Statements, filled for the calendar year ending with or within the year covered by this situm Statements, filled for the calendar year ending with or within the year covered by this situm Note if the sum of lines 1s and 2s is greater than 250, you may be required to e-die (see instructions) 3a Did the organization have unreaded business gross income of 15,000 or more during the year? 1b If a least one of the organization shade an interest, nor a singature or other authority over, a framidal account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country. See instructions for lifting requirements for FIACEN Form 314, Report of Foreign Bank and Financial Accounts (FBAR). What the organization a party to a prohibited tox shelter framsaction at any time during the tax year? So Was the organization are party to a prohibited tox shelter framsaction at any time during the tax year? So Was the organization are party to a prohibited tox shelter framsaction and office organization sociol any contributions the foreign social file organization and party protection are comparable contributions or gifts were not tax deductible? 1 If "Yes" to line 5a or 58, did the organization file Form 8602 is a party to a prohibited tax shelter framsaction and gifts were not tax deductible or contributions and party for goods 1 If "Yes," and the derivagations are contributions to the promise organization section and party organization sections are contributed as a contribution and party for goods 1 If "Yes," and the derivagations are contributed to a st		12			
count the organization comply with backup withhouting rules un reputation. Proportional graining (gambling) committees to reputation or reputation. Proportional graining (gambling) committees a proportion of prom VA3, Transmittal of Wage and Tox Statements, life of the celeridar year ending with un within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is and faz is greater than 425, you may be required to e-8fe (see instructions) Note, if the sum of lines is and faz is greater than 425, you may be required to e-8fe (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did They's, "has it filed a Form 1900.75 for this year? "In Vivo folio 80, promption to e-8fe (see instructions) 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. If "Yes," the first the name of the foreign country. If "Yes," the first the name of the foreign country. If "Yes," the first the name of the foreign country. Was the organization a party to a prohibited tax shelter transaction at any sime during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization in a party to a prohibited tax shelter transaction at any sime during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization in operation for Foreign 886-17 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for operation of the foreign 886-17 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the organization in the year organization in the year organization in the	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable			
reportable garning (gambing) winnings to prize winners. Salatements, filed for the calendar year eneigh with or within the year covered by this return. Salatements, filed for the calendar year eneigh with or within the year covered by this return. Note, If the sum of fires 1a and 2a is greater than 250, you may be required to e-die (see instructions). 3a Dolf the organization have urined as 2d inthe organization file all required note -die (see instructions). 3a Dolf the organization have urined aboutshes gross onemor of \$1.000 or more during the year? 3b Colf the organization have unrelated business gross onemor of \$1.000 or more during the year? 3c Country. 3c Colf the organization and a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country). 5c Event the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," enter the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If "Yes," other the name of the foreign country. 5c If yes the constitutions that were not tax deductible as a contribution of the name of the	b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable			
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Statements, filed for the calendar year enough with of water and to great unit to great unit or great unit or present or the is expected on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is and 2 als greater than 250, you may be required to e-file (see instructions) 3 bit the organization have united business gross moome of \$1,000 or more during the year? 3 bit fires, has it filed a Form 990-Tre of this year? If 'No' to line 3b, provide an explanation in Schedule O 4 at A any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a floration of the calendar year, did the organization have an interest in, or a significant or other subnoving over, a floration of the foreign country (such as a bank account, securities account, or other financial account in a foreign country; See instructions for filing requirements for FIRCEIN form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a					
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bit fal beast one is reported on line 2a, did ne Organization that an antegration of e-file (see instructions) Note, if the sum of lines is and 2 is greater than 250, your may be required to e-file (see instructions) 1 If "Yes," has it filed a Form 990-FT for this year," If "You" to line 3b, provide an explanation in Schedule O 1 If "Yes," that it filed a Form 990-FT for this year," If "You" to line 3b, provide an explanation in Schedule O 2 At any time during the calendary 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, a securities account, or other financial accountry? 2 If "Yes," center the name of the foreign country; such as a bank account, securities account, or other financial accountry? 3 If "Yes," center the name of the foreign country; such as a bank account, securities account, or other financial accountry? 3 If "Yes," center the name of the foreign country; so the securities account, or other financial accountry? 3 If "Yes," center the name of the foreign country; so the securities account, or other financial accountry? 4 If "Yes," country notify the organization that it was or is a party to a prohibited tax shelfer transaction? 5 If "Yes," to see or 5th, did the organization that it was or is a party to a prohibited tax shelfer transaction? 5 If "Yes," to see or 5th, did the organization that it was or is a party to a prohibited tax shelfer transaction? 5 If "Yes," to see 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," inclicate the repair to tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions			2b	X	
Note. If the sum of fires 1s and 2s is greater frain 2s, you have to copy unit or copy uni					
39 Did the organization have unrelated business gross surface to the provide an explanation in Schedule O 39 If "Yes", the stilled a Form 990-T for this year? If "No" is line 3b, provide an explanation in Schedule O 40 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: 50 If "Yes", enter the name of the foreign country: 51 If "Yes", enter the name of the foreign country: 52 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 64 (FBAR). 55 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 Upd dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 57 Dies the organization have annual gross receipts that are normally greater than \$100,000, and did the organization between contact and the organization and the organization and the organization and the organization of tax deducibles a schariable contributions? 58 Objects the organization include with every solicitation an express statement that such contributions or gifts were not tax deducibles or tax deducibles a schariable contributions or gifts were not tax deducibles or tax deducibles a schariable contributions or gifts were not tax deducibles or tax deducibles a schariable contribution or gifts were not tax deducibles or tax deducibles a schariable contribution or gifts were not tax deducibles or tax deducibles a schariable contribution or gifts were not tax deducibles or tax deducibles a schariable contribution or gifts were not tax deducibles or tax deducibles or tax deducibles or tax deducibles and services provided to the prograzization receive a payment in excess of \$75 made party as a contribution or growing the schariage of the payor? 50 Organizations that may receive deductible contributions under section 170(c). 51 If "Yes," did the organization only the donor of the		and the state of the property of the state o			X
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Solidate 5	1	to an anto for indoor tanning services during the tax your.			
		b If "Yes," has it filed a Form 720 to report these payments? If "No," provide all explanation in constant		Form	990 (2017)

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

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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 X Did the organization have a written whistleblower policy? 13 14 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b X Other officers or key employees of the organization 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 with a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (or 1024 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 Another's website X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 CHRIS BARLOW (916)441-6197, 3105 FITE CIRCLE STE 108, Sacramento, CA 95827

orm 990 (201	7) MOVE AMERICA FORWARI Compensation of Officers, Director	Trusto	e Ke	v F	mp	lov	rees,	Hi	ghest Comp	ens	ated Emplo	yees, and	
Part VII	Compensation of Officers, Directo	ors, trustee	, o, 110	, <u> </u>		3	- 5		Serv.			П	
Fait	Independent Contractors		in this !	Part '	VII						<u></u>	· · · · · · · · · · · · · · · · · · ·	
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- Complete	this table for all persons required to be listed. The	Sport some											
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J. 3	, more than \$10,000 of reportable compensation in the following order: individual trustees or dire	ctors; institutio	nal trus	tees;	Othic	Cers	, key c		,				
List persons	d employees; and former such persons.			20	ده له ـ	nu 0	urant	offic	er, director, or tru	uste	e		_
compensate	if the following of the control of t	d organization	compe	nsate	30 ai	riy C	uncit	T					
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	Name and Title	hours per	officer	and a	direc	ctor/tr	ustee)	1	from		related organizations	other compensation	
		week (list any hours for				1	n +	닊	the organization		-2/1099-MISC)	from the	
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		organizations	Individual trustee or director	utio	q	emp	oyee	몍				organizations	
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Page 7

Form 9	990 (2017) MOVE AMERICA, ORWA	RD							¥	84-16272	77	F	age
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd I	ligh	est	Comp	ens	ated Employees (d	continued)			
					50	2)							
	(A)	(B)	(do n	ot che		ition ore th	an one		(D)	(E)	200	(F)	
	Name and title	Average hours per					both an trustee)		Reportable compensation	Reportable compensation from	55333	stimated mount of	
		week (list any						-	from	related		other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	0.000000	npensati from the	
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1b c	Total from continuation sheets to Part VII, Section							>	*				
d	Total (add lines 1b and 1c)							_	67,500	0			0
2	Total number of individuals (including but not limited							_					
	reportable compensation from the organization								700100 1.000	0			
			a k									Yes	No
3	Did the organization list any former officer, director,			100		-		- 5					
	employee on line 1a? If "Yes," complete Schedule J										3		X
4	For any individual listed on line 1a, is the sum of rep										1		
	organization and related organizations greater than individual		0.0000000000000000000000000000000000000								4	2220	X
5	Did any person listed on line 1a receive or accrue co										1.2002		21
·	for services rendered to the organization? If "Yes," of	N					-				5		X
Secti	on B. Independent Contractors					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
1	Complete this table for your five highest compensate	ed independe	ent cor	ntrac	tors	that	receiv	red r	nore than \$100,000) of			
	compensation from the organization. Report compensation	nsation for th	e cale	ndar	yea	r en	ding w	ith o	r within the organiz	ation's tax			
	year.							_					
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n
					-								
-				-		211			-		-		
					1000								
								_					
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) w	/ho					
	received more than \$100,000 of compensation from	the organiza	ation	-						1			

84-1627277

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Total revenue (D) Related or exempt function revenue Unrelated Revenue excluded from tax revenue Federated campaigns under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 2,966,937 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f · · · · · · **>** 2,966,937 Program Service Revenue **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds · · · · ▶ 446 (i) Real 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · ▶ 7a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 935 Other Revenue 935 8a Gross income from fundraising 935 events (not including \$ of contributions reported on line 1c). See Part IV, line 18 · · · · · · a b Less: direct expenses b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19 · · · · · · · a b Less: direct expenses $\cdots b$ c Net income or (loss) from gaming activities · · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a b e Total. Add lines 11a-11d 12 Total revenue. See instructions

2,968,318

1,381

MOVE AMERI FORWARD

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 (C) (B) Program service Fundraising (A) Total expenses Management and Do not include amounts reported on lines 6b, 7b, expenses general expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 · · · · Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 52,500 52,500 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 132,595 132,595 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 4,875 13,846 18,721 9 4,450 11,141 15,591 10 Fees for services (non-employees): 11 20,700 48,300 69,000 11,558 11,558 7,361 7,361 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column 26,018 112,693 (A) amount, list line 11g expenses on Schedule O.) . . 138,711 78,313 16,175 168,468 262,956 262 12 3,234 8,048 11,544 13 14 15 30,971 34,276 65,247 16 263 17,005 17,268 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 704 170 874 Conferences, conventions, and meetings 19 20 21 1,059 Depreciation, depletion, and amortization 1,059 22 4,511 Insurance 4,511 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,002 17,919 18,921 BANK CHARGES 669 1,267 1,936 b EQUIPMENT RENTAL 2,030,841 2,030,841 c CARE PACKAGES 111 100,836 100,947 d POSTAGE & SHIPPING 10,852 4,686 15,538 All other expenses 78,575 2,702,091 197,013 2,977,679 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and **▶** ∐ if fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) Form 990 (2017)

Form 990 (2017) Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 300,355 Cash - non-interest-bearing 289,988 2 74 16,085 1 3 Pledges and grants receivable, net 2 4 Accounts receivable, net 3 Loans and other receivables from current and former officers, directors, 4 trustees, key employees, and highest compensated employees. 5 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 8 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 40,554 10a 17,786 13,345 Less: accumulated depreciation 10b 22,768 11 Investments - publicly traded securities 7,023 12 Investments - other securities. See Part IV, line 11 11 8,396 13 Investments - program-related. See Part IV, line 11 12 14 13 6,340 15 Other assets. See Part IV, line 11 14 348,962 16 310,430 Total assets. Add lines 1 through 15 (must equal line 34) 15 50,995 17 16 18 17 19 18 20 19 21 Escrow or custodial account liability. Complete Part IV of Schedule D 20 Loans and other payables to current and former officers, directors, 21 trustees, key employees, highest compensated employees, and Liabilities 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 25 of Schedule D 50,995 26 0 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > and 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 28 Temporarily restricted net assets 27 29 28 Organizations that do not follow SFAS 117 (ASC 958), check here 🔻 🔀 and 30 complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 297,967 32 310,430 Retained earnings, endowment, accumulated income, or other funds 297,967 33 310,430 32 348,962 34 310,430 Total liabilities and net assets/fund balances 33 Form 990 (2017)

	84-162	7277	Pag	ge 12
m 990 (2017) MOVE AMERI FORWARD				67
Western of Not Assets		· · · · · ·		
	1	2,9	68,3	
Til Lavianua (must equal Part VIII, column (A), line 12)	2		77,6	
1 Total expenses (must equal Part IX, column (A), line 25)	3		(9,3	and the same of th
Total expenses (must equal Part IX, column (A), line 23) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1	4	3	10,4	30
ar find balances at beginning of year (must oqual	5			
the desired (losses) on investments	6			
interpretation of facilities	7			
	8			
	9		(3,	102)
 Other changes in net assets or fund balances (explain in Schedule 9) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 	10		297,	967_
(7))				
33, column (B)) Part XII Financial Statements and Reporting			···	<u> </u>
Part XII Financial Statements and Repeating 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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		2a		ζ
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 Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3a 3b	90 (2017)

SCHEDULE A (Form 990 or 990-EZ)

F /lic 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.

2017

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

		MERICA FORWARD					84-16272	
Pa	rt I	Reason for Public Charit	y Status (All o	rganizations must o	complete	this par	t.) See instructio	ns.
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check onl	y one box.)			
1	П	A church, convention of churches, or	association of chur	ches described in section	on 170(b)(1)(A)(i).		
2		A school described in section 170(b)						
3	Ц	A hospital or a cooperative hospital se	ervice organization	described in section 170	0(b)(1)(A)(i	iii).		
4	Ш	A medical research organization oper	ated in conjunction	with a hospital described	d in section	n 170(b)(1)	(A)(iii). Enter the	
		hospital's name, city, and state:						
5	Ш	An organization operated for the bene	efit of a college or u	niversity owned or opera	ted by a go	vernmenta	I unit described in	
		section 170(b)(1)(A)(iv). (Complete F						
6	Ц	A federal, state, or local government	or governmental un	it described in section 1	70(b)(1)(A)(v).		
7	Ц	An organization that normally receives			ernmental	unit or from	the general public	
		described in section 170(b)(1)(A)(vi)						
8	\mathbb{H}	A community trust described in section						
9	Ш	An agricultural research organization)
	VI	or university or a non-land-grant collection university:	ge of agriculture (se	ee instructions). Enter the	e name, cit	y, and state	e of the college or	
10	X	An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gros	3
		receipts from activities related to its ex	xempt functions - si	ubject to certain exception	ns, and (2)	no more th	nan 33 1/3% of its	
		support from gross investment income					om businesses	
450		acquired by the organization after Jun				500		
11	\mathbb{H}	An organization organized and operat	- a a a a ² a aa	a na 19 ani a a a 19 ani a			90.00	
12	Ш	An organization organized and operat		parties and the second			, SS	
		of one or more publicly supported org						
	а	Check the box in lines 12a through 12						
	а	Type I. A supporting organization the supported organization(s) the						
		supporting organization. You must			ly of the dif	ectors or th	usiees of the	
	b	Type II. A supporting organization	2.0	1974	its sunnor	ted organiz	ation(s) by having	
	~	control or management of the sup						Ě
		organization(s). You must comp			Sono triat (30111101 01 111	lanage are supported	1 .
	C	Type III functionally integrated.			ection with	. and functi	onally integrated with	1.
		its supported organization(s) (see						<i>I</i>
	d	☐ Type III non-functionally integra		The second secon				(s)
		that is not functionally integrated.	The organization ge	enerally must satisfy a di	stribution re	equirement	and an attentivenes	s
		requirement (see instructions). Yo	ou must complete	Part IV, Sections A and	d D, and Pa	art V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, T	ype II, Type III	
		functionally integrated, or Type III	non-functionally int	egrated supporting orgar	nization.			
	f	Enter the number of supported organi	zations					
	g	Provide the following information about	t the supported org	janization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	docum	r governing ent?	support (see instructions)	other support (see instructions)
								7
					Yes	No		
(A)								
(B)								· · · · · · · · · · · · · · · · · · ·
(C)								
(D)								
/E)				***************************************	-			
(E)								

Schedule A (Form 990 or 990-EZ) 2017 MOVE 2RICA FORWARD 84-1627277

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

ion A. Public Support			(-) 201E	(d) 2016	(e) 2017	(f) Total
dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(4) 2510	, ,	
Gifts, grants, contributions, and						
organization's benefit and either paid						
furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3 · · · · ·						
each person (other than a						
governmental unit or publicly						
supported organization) included on				7 9		
line 1 that exceeds 2% of the amount						
shown on line 11, column (f)						
Public support. Subtract line 5 from line 4 · ·						T = ====
tion B. Total Support	1 1 0012	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2011				
Amounts from line 4						
payments received on securities loans,						
similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. Add lines 7 through 10	40000				. 12	
Gross receipts from related activities, etc.	(see instructions)		COL Leve voor	er as a section 501(c	2)(3)	
First five years. If the Form 990 is for the	organization's first,	second, third, lot	urth, or fifth tax yea			▶□
ection C. Computation of Public S	support Perce	ntage	on (fi)		. 14	70
Public support percentage for 2017 (line 6	, column (f) divided	by line 11, colum			. 15	%
Public support percentage from 2016 Sch	edule A, Part II, line	14	13 and line 14 is 3	33 1/3% or more, ch	eck this	
a 33 1/3% support test - 2017. If the organ	ization did not chec	ok tile box on line	ation			▶ ∐
box and stop here. The organization qua	ifies as a publicly s	upported organiz	3 or 16a and line	15 is 33 1/3% or mo	re, check	
	ization did not ched	ck a box on line i	0 01 1001			▶ 📙
	audifice as a nubli	ciy supported org	annzation	C- ar 16h and line	14 is	
this box and stop here. The organization	qualifies as a pabil	an did not chack	a box on line 13. 1	ba, or rob, and mic		
this box and stop here. The organization a 10%-facts-and-circumstances test - 20	17. If the organization	ion dia not encon	t check this box a	nd stop here. Expla	ain in	
this box and stop here. The organization a 10%-facts-and-circumstances test - 20 10% or more, and if the organization mee	ts the "facts-and-c	rcumstances" tes	st, check this box a	a ac a publicly sunr	orted	
this box and stop here. The organization a 10%-facts-and-circumstances test - 20 10% or more, and if the organization mee	ts the "facts-and-c	rcumstances" tes	st, check this box a	a ac a publicly sunr	orted	> 🗆
this box and stop here. The organization 10%-facts-and-circumstances test - 20 10% or more, and if the organization meet Part VI how the organization meets the "facts"	ts the "facts-and-ciacts-and-ciacts-and-circumsta	rcumstances" tes	st, check this box a	es as a publicly supp	oorted	▶ 🛚
this box and stop here. The organization 10%-facts-and-circumstances test - 20 10% or more, and if the organization mee Part VI how the organization meets the "forganization".	ets the "facts-and-ci acts-and-circumsta	ircumstances" testances" testances" testances. The o	st, check this box a rganization qualifie	es as a publicly supp 	oorted 	▶ □
this box and stop here. The organization 10%-facts-and-circumstances test - 20 10% or more, and if the organization meet Part VI how the organization meets the "forganization	ts the "facts-and-ci acts-and-circumsta 	ircumstances" test ances" test. The o ion did not check and-circumstance	st, check this box a rganization qualifie 	es as a publicly supp 16a, 16b, or 17a, an box and stop here	oorted d line	
this box and stop here. The organization 10%-facts-and-circumstances test - 20 10% or more, and if the organization meet Part VI how the organization meets the "forganization	ts the "facts-and-ci acts-and-circumsta 	ircumstances" test ances" test. The o ion did not check and-circumstance	st, check this box a rganization qualifie 	es as a publicly supp 16a, 16b, or 17a, an box and stop here	oorted d line	
this box and stop here. The organization 10%-facts-and-circumstances test - 20 10% or more, and if the organization meets the "forganization meets the "forganization " 10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization Explain in Part VI how the organization is supported organization in supported organization in the second se	17. If the organizations the "facts-and-circumsta acts-and-circumsta acts-and fit the organization meets the "facts-and the "f	ircumstances" tes inces" test. The o 	st, check this box a rganization qualifie a box on line 13, 1 es" test, check this test. The organizat	es as a publicly supp. 16a, 16b, or 17a, an box and stop here tion qualifies as a publicly this box and significant.	orted d line blicly	▶ □
this box and stop here. The organization 10%-facts-and-circumstances test - 20 10% or more, and if the organization meets the "forganization meets the "forganization " 10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization Explain in Part VI how the organization is supported organization in supported organization in the second se	17. If the organizations the "facts-and-circumsta acts-and-circumsta acts-and fit the organization meets the "facts-and the "f	ircumstances" tes inces" test. The o 	st, check this box a rganization qualifie a box on line 13, 1 es" test, check this test. The organizat	es as a publicly supp. 16a, 16b, or 17a, an box and stop here tion qualifies as a publicly this box and significant.	orted d line blicly	
this box and stop here. The organization 10%-facts-and-circumstances test - 20 10% or more, and if the organization meet Part VI how the organization meets the "forganization	17. If the organizations the "facts-and-circumsta acts-and-circumsta acts-and fit the organization meets the "facts-and the "f	ircumstances" tes inces" test. The o 	st, check this box a rganization qualifie a box on line 13, 1 es" test, check this test. The organizat	es as a publicly supp. 16a, 16b, or 17a, an box and stop here tion qualifies as a publicly this box and significant.	orted d line blicly	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Gross income from interest, dividends, payments from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here. Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch a 33 1/3% support test - 2017. If the organization qual	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, organization, check this box and stop here Public support percentage for 2017 (line 6, column (f) divided Public support percentage for 2017 (line 6, column (f) divided a 33 1/3% support test - 2017. If the organization did not check this box and stop here. The organization qualifies as a publicly set and stop here. The organization qualifies as a publicly set and stop here. The organization did not check	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, for organization, check this box and stop here Public support percentage for 2017 (line 6, column (f) divided by line 11, colum Public support percentage from 2016 Schedule A, Part II, line 14 a 33 1/3% support test - 2017. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly supported organization and to check the box on line 1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royaties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here Public support percentage for 2016 Schedule A, Part II, line 14 a 33 1/3% support test - 2017. If the organization did not check he box on line 13, and line 14 is a box and stop here. The organization dualifies as a publicly supported organization	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 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 **Ition B. Total Support** Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(comparison) for the organization, check this box and stop here ection C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this contagnization of the check a box on line 13, and line 15 is 33 1/3% or more, check the ox on the check abox on line 13, and line 15 is 33 1/3% or more, check the ox on the check abox on line 13, and line 15 is 33 1/3% or more, check the ox on line 13, and line 15 is 33 1/3% or more, check the ox on line 13, and line 15 is 33 1/3% or more.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levide for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of fotal 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 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business activities, whether or not th

Schedule A (Form 990 or 990-EZ) 2017 MOVE SRICA FORWARD 84-1627277

Part III Support 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.)

	If the organization rails to que						
Sec	tion A. Public Support	1 2010	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(0) 25.0			
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	982,758	1,083,509	1,425,293	1,583,730	2,968,318	8,043,608
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		1 202 500	1,425,293	1,583,730	2,968,318	8,043,608
6	Total. Add lines 1 through 5	982,758	1,083,509	1,425,255	=/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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 line 6.)						8,043,608
Se	ction B. Total Support			(c) 2015	(d) 2016	(e) 2017	(f) Total
Ca	lendar year (or fiscal year beginning in)	(a) 2013	(b) 2014				8,043,608
9	Amounts from line 6	982,758	1,083,50	1,425,293	1,363,73	2/3-3/	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1	4 2	1 17	7 44	6 658
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		1	4 2	1 17	7 44	6 658
	c Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·		1	4 2			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
1:	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
1	Total support. (Add lines 9, 10c, 11, and 12.)	. 982,75	The state of the s		as a section 501(c)(3)	
	 and 12.) First five years. If the Form 990 is for the organization, check this box and stop here 			th, or fillificat year			▶∐
3	Section C. Computation of Public S	Support Perce	IIIaye	ν(f)\		. 15	99.99 %
0.00	F Public support percentage for 2017 (line 8,	column (t) divided	by line 13, column			. 16	100.00 %
	the second of the secon	dule A. Part III, IIIIe	10				
3	Computation of Investm	ient income r	ercentage	column (f))		17	0.00 %
-	Investment income percentage for 2017 (li	ne 10c, column (f)	aivided by line 13,			18	0.00 %
e e	18 Investment income percentage from 2016	Schedule A, Part II	i, line ir	14 and line 15 is r	nore than 33 1/3%	, and line	
	19a 33 1/3% support tests - 2017. If the organ 17 is not more than 33 1/3%, check this bo	nization did not che ox and stop here.	ck the box on line	4 at line 10a and li	ine 16 is more than	1 33 1/3%, and	□
	 17 is not more than 33 1/3%, check this oc b 33 1/3% support tests - 2016. If the organine 18 is not more than 33 1/3%, check the 20 Private foundation. If the organization did 	nization did not che is box and stop he	ere. The organizat	ion qualifies as a pl	ublicly supported o	rganization .	
	20 Private foundation. If the organization did	a not check a box c	11 mile 1-1, 10a, 01	-1		Schedule	A (Form 990 or 990-EZ) 2017

Supporting Organizations Part IV

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

Section A. All Supporting Organizations	Section	A. All	Supporting	Organ	izations
---	---------	--------	------------	-------	----------

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.
- 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.
- 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.
 - 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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
98	1	
91	0	
90	C	
10	а	-
10 Form 9		

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, prosection B. Type I Supporting Organizations	I in (b) and (c)	Yes	No
 a A person who directly or indirectly controls, either alone or together with persons described below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, pro 	I in (b) and (c)		
 a A person who directly or indirectly controls, either alone or together with persons described below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, pro 	in (b) and (c)	- 1	
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, pro	11a	- 1	
 b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, pro 			
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, pro	11b		
Section B. Type I Supporting Organizations	vide detail in Part VI. 11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the	ne power to		
1 Did the directors, trustees, or membership of one or more supported eigenvalues or trustees at all regularly appoint or elect at least a majority of the organization/or directors or trustees at all	I times during the		
tax year? If "No," describe in Part VI how the supported organization(s) effectively operate	ed, supervised, or		
tax year? If "No," describe in Part VI now the supported organization had more than one supported organization had more than one supported organization.	ganization,		
describe how the powers to appoint and/or remove directors or trustees were allocated an	mong the supported		
organizations and what conditions or restrictions, if any, applied to such powers during the	e tax year.		
organizations and what conditions or restrictions, if any, applied to dustriper or assets			
2 Did the organization operate for the benefit of any supported organization other than the s	supported		
2 Did the organization operate for the benefit of any supported organization of the benefit of any supported organization organization.	es." explain in Part		
organization(s) that operated, supervised, or controlled the supporting organization(s) the VI how providing such benefit carried out the purposes of the supported organization(s) the	nat operated.		
VI how providing such benefit carried out the purposes of the supported organization	2		
supervised, or controlled the supporting organization.			
Section C. Type II Supporting Organizations		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a major	rity of the directors		
or trustees of each of the organization's supported organization(s)? If "No," describe in Pa	art VI how control		
or trustees of each of the organization's supported organization or management of the supporting organization was vested in the same persons that contri	rolled or managed		
or management of the supporting organization was vested in the earner personnel	1		
the supported organization(s). Section D. All Type III Supporting Organizations			T
		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the	fifth month of the		150.5
in the toy year (i) a written notice describing the type and amount of support prov	vided during the prior tax.		
(") of the Form 000 that was most recently filed as of the date of flotification,	and (iii) dopied or are		
organization's governing documents in effect on the date of notification, to the extent not	previously provided? 1	_	-
organization organization of governing determined on the state of the	ed by the supported		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected.	explain in Part VI how		
Were any of the organization's officers, directors, of trustees officer (v) appointed organization? If "No," organization(s) or (ii) serving on the governing body of a supported organization? If "No,"	ted organization(s). 2	1	
the organization maintained a close and continuous working relationship with the support	iod organization(s)		
3 By reason of the relationship described in (2), did the organization's supported organization	ions have a		
-iis and voice in the organization's investment policies and in directling the use of the o	ngamzation		1
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the	e organization o	100	
supported organizations played in this regard.	3		
		tio	
1. Check the box next to the method that the organization used to satisfy the integral Part	Test during the year (see insti	uctioi	15).
The organization satisfied the Activities Lest, Complete line 2 below.			
= c i i i i i i i i i i i i i i i i i i	3 below.	o ineti	uctions
 b ☐ The organization is the parent of each of its supported organizations. Complete into c ☐ The organization supported a governmental entity. Describe in Part VI how you supported. 	ported a government entity (se	Vo	e No
a A william Took Amouran (a) and (b) helow		16	3 140
By the testicity of the organization's activities during the tax year directly further the	exempt purposes of		
the august ad argonization(s) to which the organization was responsive? If it es, then it	ir Fait Vilacitary		
the second arganizations and evolute how these activities directly futilities und	ill exclinit ballocost		
how the organization was responsive to those supported organizations, and now the org	ganization determined 2	.	
u u u a a a stivitica constitutod substantially all of its activities.		-	
to the described in (a) constitute activities that but for the organization's invo	olvement, one or more		
the enemination's supported organization(s) would have been engaged in: 11 165, 6	skpiulii ili i die et ale		-
reasons for the organization's position that its supported organization(s) would have eng	gaged in these	h	
activities but for the organization's involvement.	2	<u> </u>	-
a supported Organizations Answer (a) and (b) helow.			
a Did the organization have the power to regularly appoint or elect a majority of the office	rs, directors, or		
		a	-
 b Did the organization exercise a substantial degree of direction over the policies, prograt of its supported organizations? If "Yes," describe in Part VI the role played by the organizations. 	ms, and activities of each	b	
DIG UIO OIGUITEMMOTI TITTE TO THE TOTAL TO T	nization in this regard.	<u> </u>	

Schedule A /Form 990 or 990-EZ) 2017 MOVE AM: CA FORWARD		84-162	7277	Page 6
To Ill Non Functionally Integrated 509(a)(3) Supporting Org	aniza	ations	=	` 0
to Death Least the aggregation extincted the Integral Part Test as a qualifying t	rust c) 1 1404. ZU, 1970 (Expir	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations	s must complete Section	no / t timo ag.	
		(A) Prior Year	(D) Gairt	
Section A - Adjusted Net Income		(A) I Hol Teal	(optio	onal)
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8			
		(A) Prior Year		ent Year
Section B - Minimum Asset Amount		(A) I Hol Teal	(opti	onal)
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
			Curre	nt Year
Section C - Distributable Amount				
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				
1 ' / instructional	6			
remergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionall	y-inte	grated Type III support	ing organiza	ition (see
instructions).	- Versener	TOTAL PROPERTY CONTRACTOR		
แรนนะเบาร).		Sche	dule A (Form 990	or 990-EZ) 2

Schedule A (Form 990 or 990-EZ) 2017 MOVE AMCA FORWARD Part V Type III Non-Functionally Let		84-1	627277 Page 7
Part V Type III Non-Functionally Integrated 509(a Section D - Distributions	a)(3) Supporting Organ	nizations (continued)	627277 Page 7
1 Amounts paid to supported organization in			Current Year
1 Amounts paid to supported organizations to accomplish e	exempt purposes		- Carront Tear
para to periorili activity that directly furthers ave	mpt purposes of supported	d	
- Identificative expenses paid to accomplish exempt purp	oses of supported organization	ations	
Other distributions (describe in Part VI) See instructions			
7 Total annual distributions. Add lines 1 through 6			
be attended attendive supported organizations to which	the organization is respon	neivo	
	- gameadon is respon	sive	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
1 Distributable amount for 2017 from Section C, line 6		Pre-2017	Amount for 2017
2 Underdistributions, if any, for years prior to 2017			
(reasonable cause required - explain in Part VI) Soc			
mstructions.		*	
3 Excess distributions carryover, if any, to 2017			
a .			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from			
Section D. line 7:			
a Applied to underdistributions of prior years	21 = 12 = 22		
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for us are in the same of the same			
if the control of the			
any. Subtract lines 3g and 4a from line 2. For result		0	
greater than zero, explain in Part VI . See instructions. 6 Remaining underdistributions for 2047.			
and distributions for 2017 Subtract lines 2h			
and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Evocas from 2010			
h Evenes from 2044			
C Evenes from 2015			
d Evenes from 2040			
O Evenes for OOUT			
EEA			

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

EEA

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

pplemental Financial Statement

➤ 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Employer identification number

2017

Open to Public Inspection

Name of the	e organization			84-162727	1
MOVE	AMERICA FORWARD Organizations Maintaining Donor Advise	od Funds or Other	Similar Funds or Accoun	nts.	
Part I	Organizations Maintaining Donor Advise	e" on Form 990. Pa	art IV. line 6.		
	Complete if the organization answered "Yes	(a) Dagger	advised funds	(b) Funds and other ac	counts
		(a) Bollot			
1 To	otal number at end of year				
2 A	ggregate value of contributions to (during year)				
2 Δ	agregate value of grants from (during year)				
4 A	ggregate value at end of year	i witing that the as	sets held in donor advised		
5 D	ggregate value at end of year id the organization inform all donors and donor advisors unds are the organization's property, subject to the organization's property and donors.	in writing that the as	dal controls		Yes No
6 [id the organization inform all grantees, donors, and don		as for any other numose		
C	id the organization inform all grantees, donors, and don nly for charitable purposes and not for the benefit of the	donor or donor advis		<u></u>	Yes No
c	onferring impermissible private benefit?				
Part					
	Complete if the organization answered "Y	es" on Form 990,			
1 [purpose(s) of conservation easements held by the organ	nization (check all tha	Preservation of a historical	ly important land area	
ſ	Preservation of land for public use (e.g., recreation	or education)	Preservation of a certified h	nistoric structure	
Ī	Protection of natural habitat				
Ĭ			contribution in the form of a col	nservation	
2	Preservation of open space Complete lines 2a through 2d if the organization held a	qualified conservation	Contribution in the form of a same	Held at the E	nd of the Tax Year
				. 2b	
b	Total number of conservation easements Total acreage restricted by conservation easements		; (a)	. 2c	
	c serior accoments on a certified filsto	IIC Structure morace	()		
d	Number of conservation easements and documents of the conservation easements included in (c) acq	uired after 7/25/06, ar	IQ NOL OIT A	. 2d	
	Number of conservation easements included in (c) acq historic structure listed in the National Register		abad ar terminated by the orga	nization during the	
3	historic structure listed in the National Register Number of conservation easements modified, transferr	ed, released, extingui	siled, or terminated by the organ		
	A STATE OF THE STA				
4	1 '1 to concort/21	on easement is locate	ed		
5	Does the organization have a written policy regarding to	the periodic monitoring	,,		. Yes No
	violations, and enforcement of the conservation easen	nents it holds?	tions and enforcing conservati	ion easements during th	ne year
6	violations, and enforcement of the conservation easen Staff and volunteer hours devoted to monitoring, inspe	cting, handling of viol	ations, and emoraling conservation		
	>		and opforcing conservation e	easements during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violation	s, and emorning concernation		
	▶ \$		action 170(h)(4	4)(B)(i)	_
8	▶ \$	(d) above satisfy the re	equirements of section 1. o()		Yes No
9		nservation easements	in its revenue and expense of	that describes the	
	halance sheet, and include, if applicable, the text of the	ie toothole to the orga	III Zation o min		
	organization's accounting for conservation easements rt III Organizations Maintaining Colle	S.	istorical Treasures, or	Other Similar Ass	sets.
Pa			O Port IV line 8		
13.3	Complete if the organization answere	d "Yes" on Form 9	90, Part IV, line 0.	t and balance sheet	
1a				n furtherance of	
14					
	works of art, historical treasures, or other similar assignables between the public service, provide, in Part XIII, the text of the foo	tnote to its financial s	tatements that describes triese	nd halance sheet	
t	public service, provide, in Part XIII, the text of the food If the organization elected, as permitted under SFAS	116 (ASC 958), to rep	port in its revenue statement an	in furtherance of	
	works of art, historical treasures, or other similar ass	ets field for public ex	mbillori)		
	public service, provide the following amounts relating	g to these items:		> \$	95-H11892
	public service, provide the following amounts relating (i) Revenue included on Form 990, Part VIII, line 1				
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			ain provide the	
•				jain, provide trie	
2	If the organization received or neid works of art, filed following amounts required to be reported under SF.	AS 116 (ASC 958) re	lating to these items:	> \$	
	following amounts required to be reported under SF. Revenue included on Form 990, Part VIII, line 1			> \$	
	h Accets included in Form 990, Part X · · · · ·				Schedule D (Form 990) 201
	b Assets included in Form 990, rarex	ions for Form 990			

	Part III Organization's acquisition accession	_ORWARD	Art Historical	Typopulus	84-162	7277 Page
3	Using the organization's acquisition, accessio	n and other records	charles and the fill	reasures, or	Other Similar As	ssets (continued)
	collection items (check all that apply):	n, and other records,	check any of the foll	owing that are a sig	nificant use of its	
	a Public exhibition	d \sqcap La				
	b Scholarly research	e Ot	an or exchange pro	grams		
1	Preservation for future generations	e □ 0t	her			
4	Provide a description of the organization's coll	ootions! !				
	Provide a description of the organization's coll XIII.	ections and explain hi	ow they further the o	rganization's exemp	ot purpose in Part	
5						
	During the year, did the organization solicit or assets to be sold to raise funds rather than the	eceive donations of a	rt, historical treasure	es, or other similar		
P	assets to be sold to raise funds rather than to	oe maintained as part	of the organization's	s collection?	<u> </u>	· · Yes No
	Complete if the organization	igements.	_			
	Complete if the organization a 990, Part X, line 21.	answered "Yes" o	on Form 990, Pa	art IV, line 9, or	reported an amou	unt on Form
1a						
ia	and organization an agent, trustee, custoular	or other intermediary	for contributions or	other assets not		
h	moraded off form 990, Part X?		ment as the field of the field of			· · Yes No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follow	ing table:			I les I Mo
	B			Ţ.	Δm	ount
c	Beginning balance	********		. <i>.</i>	1c	ount
d	Additions during the year				1d	
0	Distributions during the year				1e	
f	Ending balance					
2a	Did the organization include an amount on Form	1 990 Part X line 21	for occrow or aust-	-1:-1	11	
b	ii res, explain the arrangement in Part XIII. Ch	neck here if the explar	ation has been pro-	rided on Deat XIII		
Pa						
	Complete if the organization a	nswered "Yes" or	Form 990 Pa	rt IV line 10		
		(a) Current year				
1a	Beginning of year balance	(u) ourent year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
f	programs					
	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current	year end balance (line	e 1g, column (a)) he	ld as:		
a	board designated or quasi-endowment	%				
b	Permanent endowment > %	-				
C	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.				
3a	Are there endowment funds not in the possession	n of the organization t	hat are held and add	ministered for the		
	organization by.	•	and more unit du	ministered for the		
	(i) unrelated organizations					Yes No
	(ii) related organizations	*****				3a(i)
	If "Yes" on 3a(ii), are the related organizations list	ed as required on Sal	andula DO		* * * * * * * * * * *	3a(ii)
4	Describe in Part XIII the intended uses of the orga	ed as required on Sci	redule R?			3b
Pari	VI Land, Buildings, and Equipme	ant	it tunds.			
	Complete if the organization and	swered "Voo" on	Form 000 D 4	NA P. A.A. Te	42_0	Remail Committee of the
	Description of property	swered les on	Form 990, Part	IV, line 11a. Se	e Form 990, Par	t X, line 10.
	Description of property	(a) Cost or other	basis (b) Cost or	Serger Control of the	Accumulated	(d) Book value
la	_and	(investment) (o	ther)	depreciation	
		• •				
	Buildings					
	Leasehold improvements			21,158	3 202	17 77
	Equipment			19,396	3,392	17,766
_	Other			-2,330	19,376	20
tal.	Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X co	lumn (R) line 100)			
Α		,, 00	(2), 1116 100.)			17,786

(5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. 6,340

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	(b) Book value	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability for uncertain tay positions. In Part XIII		

certain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

P	art XI Reconciliation of Rayonus part Audit Let	84-162	27277 Page
	The state of the s	er Retu	27277 Page rn.
1	Total revenue gains and other support answered res on Form 990, Part IV, line 12a.		
2	Total revenue, gains, and other support per audited financial statements	1	2,968,318
а			2,900,318
b	Proposed gains (losses) on investments		
С	Do Donated services and use of facilities		
d	Recoveries of prior year grants		
е	Other (Describe in Part XIII.) Add lines 2a through 2d 2d		
3		2e	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	2,968,318
а	Investment expenses not included as Face 200 Face and the 1:		2,300,318
b	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
С	Other (Describe in Part XIII.) Add lines 4a and 4b 4b		
5	Add lines 4a and 4b Total revenue Add lines 2 and 4a (This and a lines 4 and	4c	
Pa	Add iii es 3 diju 40. I inis mijet equal Form 000 D		2 060 210
		per Ref	2,968,318 urn
1	Total average 11. Total average 12. Total averag		
2	and losses per addited infancial statements	1	2 077 670
а	Amounts included on line 1 but not on Form 990, Part IX, line 25:	F-+	2,977,679
b	Donated services and use of facilities		
c	Prior year adjustments	1 1	
	Other losses	1	
u	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	-	
	Sastract into 2e iron mile 1	2e	
(-1)	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	2,977,679
a	investment expenses not included on Form 990, Part VIII, line 7h		
D	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
	star expenses. Add lines 3 and 4C. (Inis must equal Form 900, Part I line 49)	4c	
Part	t XIII Supplemental Information	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
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Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
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Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679
Part Provide	t XIII Supplemental Information. Supplemental Information. Supplemental Information.	5	2,977,679

SCHEDULE L (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2017

Open To Public Inspection

Marile of the organization						and the	Fm		ontificati	00.000	Inst	ection	1	
MOVE AMERICA FORWA	RD							ployer id			nber			
Part I Excess Ber	nefit Transaction	s (section 50	1(c)(3),	section	501(c)(4), and 5	01(c)(29) organ	-1627	7277	1.4				
Complete if	the organization	answered "Yes	on Fo	orm 990), Part IV.	line 25	a or 25h or Fo	rm gar	ns oni	y). Dort \	/ line	40h		
1 (a) Name of disqualified	person	(b) Relationship b	etween dis	equalified pe	erson and	7	a 01 200, 01 1 01	1111 330	<i>I</i> -LZ, r	alt	v, iine			
.,	5013011		organizatio				(c) Description	on of tran	saction			(d) Co		
(4)										-		Yes	N	
(1)														
(2)													+-	
(2)														
(3)													\top	
2 Enter the amount of tax	incurred by the org	anization manag	ore en di											
under section 4958 .	· · · · · · · · · · · · ·	anization manag	ers or a	squalifie	d persons	during th	e year							
3 Enter the amount of tax	if any, on line 2 ah	nove reimburged	by the c						▶ 5	\$		112		
		ove, reimburseu	by the c	organizat	ion	• • • •			▶ 9	\$				
Part II Loans to and	d/or From Intere	sted Persons				-								
Complete if the	ne organization a	nswered "Yes"	on For	rm 990_	E7 Port	\/ line (00 5					50		
organization	eported an amou	int on Form 99	0, Part	t X. line	5 6 or 2	v, iirie s	osa or Form 99	0, Pari	i IV, lin	1e 26	; or if	the		
(a) Name of interested person	(b) Relationship	(c) Purpose of												
	with organization	loan		oan to or m the	(e) Or principal	70 0 10-11 / 10-11	(f) Balance due	(g) In	default?	1	pproved	(i) W	ritten	
		orga		organ	ization?		amount					pard or mittee?	agree	ment?
			То	From				Yes	No		1		· · ·	
(4)								165	INO	Yes	No	Yes	No	
(1)														
(2)								1						
(2)														
(3)														
(4)														
(5)						ı								
tal						▶ \$		200						
Grants of As	sistance Benefi	ting Intereste	d Pers	ons	5 W 100	11/2		1 1	-					
Complete if th	e organization a	nswered "Yes"	on For	m 990.	Part IV. Ii	ine 27								
(a) Name of interested person		between interested		Amount of a										
		the organization	(0)/	Amount of a	assistance	(d)	Type of assistance		(e) l	Purpose	e of assis	stance		
4)														
1)														
2)									- 210		-M177-2			
-/														
3)														
			-											
1)														
			-											
5)														

Complete if the organization	nvolving Interested Persons			84-1627277		Page
	on answered "Yes" on Form 9	90, Part IV, line 28a	, 28b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of	transaction	(e) Sha	zation'
					reven	1
(1) SAL RUSSO			SAL RUSSO IS	PRESTDENT	Yes	No
T, SILL KOSSO	DIRECTOR	69,000	AND DIRECTOR	OF RUSSO		X
(2)						21
(3)						
(4)						
(5)						
art V Supplemental Information						
Provide additional information	1 for responses to questions	on Cohedula I (• • • • • • • • • • • • • • • • • • • •			
1 -		in Schedule L (see	instructions).			
1. Supplemental Informa	ation for Schedul	e L				
.) NAME OF PERSON: SAL RUSSO						
DESCRIPTION OF TRANSACTION	OR TO THE PROPERTY OF THE PROP					
) DESCRIPTION OF TRANSACTION:	SAL RUSSO IS PRESIDE	NT AND DIRECTO	OR OF RUSSO MA	ARSH +		
SOCIATES INC. INC.			110000 111	INDII +		
SOCIATES, INC., WHICH RECEIVE	S PAYMENT FOR STRATEG	IC CONSULTING	7MD 1/21/2 000 000	_		
		TO CONSOLITING	AND MANAGEMEN	T SERVICES		
						_
						_
						_
						_
						_

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

Open to Public

► Go to www.irs.gov/Form990 for the latest information. Name of the organization Inspection MOVE AMERICA FORWARD Employer identification number Part I Types of Property 84-1627277 (a) (b) (c) (d) Check if Number of contributions or Noncash contribution amounts reported on Method of determining applicable items contributed Form 990, Part VIII, line 1g 1 Art - Works of art noncash contribution amounts 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household X 6 Cars and other vehicles 764,077 ESTIMATED FMV Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded 16,175 FMV ESTIMATED 10 Securities - Closely held stock . . 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 19 Food inventory 20 Drugs and medical supplies . . . 1,164,462 ESTIMATED FMV X 21 98,154 ESTIMATED FMV 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(SKIN CREAM X 26 Other ►(<u>COFFEE</u> 764,077 27 Other ►(581,576 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement During the year, did the organization receive by contribution any property reported in Part I, lines 1 through Yes No 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. 30a Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 31 b If "Yes," describe in Part II. X If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

Schedule M (Form 990) 2017 MOVE Part II Supplemental Informat the organization is reporting in Part I, column (b), the number of contributions, to or a combination of both. Also complete this part for any additional information.	84-1627277 0b, 32b, and 33, and the number of items re	Page 2 whether eceived,
01. General Explanation Attachment		
COFFEE 581576		
CANDY 391997		
COOKIES 188344		
TRAIL MIX 1470		
JERKY 1075		
SKIN CREAM 764077		
WIPES 1320		7
INTERNET 16175		
FLAGS 1380		
PET TREATS 3147		
CARE PACKAGES 92307		
		_
A		

Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

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 the latest information.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Name of the organization	0.4.1.007077
MOVE AMERICA FORWARD	84-1627277
01. Form 990 governing body review (Part VI, line 11)	
ALL BOARD MEMBERS ARE PROVIDED A COPY OF IRS FORM 990 FOR THEIR RE	VIEW AND APPROVAL BEFORE
FILING.	
FILING.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
The state of the s	
MAF FOLLOWS OUR CONFLICT OF INTEREST POLICY AT EVERY MEETING OR VO	TE TO SEE TRAIT IF ANT
BOARD MEMBER HAS A CONFLICT OF INTEREST, THEY ARE REMOVED FROM THE	VOTING DECISION.
03. CEO, executive director, top management comp (Part VI, line	15a)
MAF FOLLOWS OUR POLICY FOR COMPENSATION TO ENSURE A REVIEW AND APP	ROVAL BY THE BOARD OF
DIRECTORS.	
04. Other officer or key employee compensation (Part VI, line 15	D
MAF FOLLOWS OUR POLICY FOR COMPENSATION TO ENSURE A REVIEW AND APP	PROVAL BY THE BOARD OF
DIRECTORS.	
05. Governing documents, etc, available to public (Part VI, line	19)
MAF PROVIDES ALL DOCUMENTS TO THE PUBLIC UPON REQUEST.	
	(T
06. Explanation of other changes in net assets or fund balances	(Part XI, line 9)
DUE TO AUDIT CORRECTION \$3,102	
545 x 5 1100 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	