#### Form 990

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

_		nue Service	► Go	to www.irs.g	ov/Form990 for in	nstructions	and the lates	st inform	ation.		Inspection	
	For the	e 2020 calendar y	ear, or tax year be				, 2020, a	nd ending	g		, 20	
В	Check if	applicable:	C Name of organization	MOVE AME	RICA FORWARD	) <u>, </u>				D Empl	oyer identification number	
Ц	Address	change	Doing business as								84-1627277	
Ц	Name ch	апде	Number and street	(or P.O. box if mail	is not delivered to stree	t address)		Room/suite		E Telep	hone number	
Ц	nitial ret	um	3105 FITE C	IRCLE				1	08	8 (916)441-6197		
Ц	Final retu	um/terminated	City or town, state of	or province, country	,, and ZiP or foreign pos	tal code	•		ľ	G Gross receipts		
님	Amende	d return	Sacramento,							\$	3,036,169	
Ш	Application	on pending	F Name and address	of principal officer:	SHAWN CALLAR	IAN		ŀ	l(a) Is this a gr	oup return	for subordinates? Yes X No	
			Same as Ca	bove		·			i(b) Are all su	ubordinat	es included? Yes No	
		npt status: X 501		) 🗲 (insert		1) or 🔲	527		lf "No," a	ttach a lis	et. See instructions	
<u>J</u>	Website		OVEAMERICAFO	RWARD.ORG				H	(c) Group ex	emption	number ►	
			poration Trust	Association	Other >		L Year of formation	n: 2004	M St	ate of leg	al domicile: CA	
Pa	rt I	Summary										
	1	Briefly describe t	the organization's r	nission or mos	t significant activiti	es: PRO	/IDE AND I	PROMOT	SUPPO	RT F	OR OUR TROOPS ON	
a	1	THE FRONT I	LINES	INES								
읦	İ		-									
Ë	_											
Activities & Governance	2	Check this box ▶	► ☐ if the organiza	ation discontinu	ued its operations of							
∞ ∞	3		g members of the g							3	3	
8	4	Number of Indep	endent voting mem	ibers of the ga	verning body (Parl	t VI, line 1b)	· · · · · ·			4	2	
Ž	5		individuals employe			-	• • • • • •			5	5_	
Ş	6		volunteers (estimate							6	300	
	7a	Total unrelated b	ousiness revenue fr	om Part VIII, c	olumn (C), line 12		• • • • • • •		<i>.</i>	7a	0	
	b	Net unrelated bu	siness taxable inco	ome from Form	990-T, Part I, line	<u>11</u>	<u> </u>		<u>.</u>	7b	0	
		0 17 0							Prior Year		Current Year	
_	8		grants (Part VIII, I						2,705,	215	2,971,473	
Revenue	9		revenue (Part VIII,								0	
ě	10		ne (Part VIII, colum						29,	185	64,696	
œ	11		Part VIII, column (A)								0	
-	12	Compte and similar	dd lines 8 through	11 (must equal	Part VIII, column (	(A), line 12)		ļ	2,734,	400	3,036,169	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)										0	
	15	Benefits paid to or for members (Part IX, column (A), line 4)									0	
ø	1		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)							479	344,126	
Expenses	16a							<u> </u>			0	
×	17		expenses (Part IX,				130,225				The second secon	
щ	18		Part IX, column (A)						2,128,		1,735,666	
	19		Add lines 13-17 (m						2,371,		2,079,792	
	<del> </del>	revenue less exp	penses. Subtract li	ne 18 from line	912	· · · · <u>· ·</u>			363,		956,377	
Net Assets or Fund Balances	20	Total assets (Por	t X, line 16)					Beginnii	ng of Curren		End of Year	
BSS of B	21	Total liabilities (Pa							734 <u>,</u>	-	1,707,213	
<u> </u>	22	,	d balances. Subtra				· · · · · ·	<del></del>		516	23,715	
Pai		Signature E		act mie z i nor	ir iirie 20	· · · · ·	<u> </u>		727,	121	1,683,498	
Unde	penaltie	es of perjury. I declare th	hat I have examined this	retum, including a	companying schedules	and statements	and to the best of	my knowled	ne and helief	ítie	<del></del>	
true, i	correct, a	and complete. Declaration	on of preparer (other than	officer) is based o	on all information of whic	h preparer has	any knowledge.	my knowled	ge and belief	, 11 15		
		SHAWN C	<b>%T.T. % 17 % N</b> T									
Sign	1	Signature of of								 Date		
Here SHAWN CALLAHAN, EXECUTIVE DIRECTOR								•				
11011	•	Type or print no		COLIAR DI	RECTOR							
		Print/Type preparer's		Preparer's si	gnature		Date		C F	X if	PTIN	
Paic	ı		arlson CPA		_			1	1 -	_	,	
	Darer			n Tay Co-	sultants Ind		11-16-202		self-emplo	yea	P01457569	
•	Only			n lax con k Street	Surcants INC	<u> </u>	••••		s EIN 🕨			
	y	7 8711 3 2001 033			678			Phon		216 7	01_2062	
May f	Roseville CA 95678 916-781-2063  May the IRS discuss this return with the preparer shown above? (see instructions)											
			ct Notice, see the			• • • • •	<u> </u>	<u></u>	<u> </u>			
1	la au 46			ocharate mpt	400000						Form <b>990</b> (2020)	

	rm 990 (2020) MOVE AMERICA FORWARD	84-1627277	Page 2
Pa	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	🗌
1	Briefly describe the organization's mission:		
	PROVIDE AND PROMOTE SUPPORT FOR OUR TROOPS ON THE FRONT LINES		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	∏ Vas	X No
	If "Yes," describe these new services on Schedule O.		E NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocate the total expenses, and recognize from the section of the total expenses.	ions to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,008,179 including grants of \$ ) (Re		
	CARE PACKAGES: MAF PROVIDES CARE PACKAGES TO THE TROOPS. IN ADDITION, F	evenue \$	)
	MAF PROVIDES SUPPLIES AND OTHER FORMS OF SUPPORT.	OK FAMILIES AND	/ETERANS
		<del></del>	
			****
4b	(Code:) (Expenses \$ 363,046 including grants of \$ ) (Re	evenue \$	
	SUPPORT THE TROOPS RALLIES.	evenue \$	
		<del></del>	<del></del>
		<del></del> .	
4c	(Code:) (Expenses \$267,585 including grants of \$) (Re	venue \$	
	PUBLIC EDUCATION CAMPAIGNS TO RAISE AWARENESS AND SUPPORT OF THE ROLES	OF U.S. TROOPS IN	COMBAT
	AREAS.		COMPA
		<u> </u>	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	`	
4e	Total program service expenses ► 1,638,810		

# 20) MOVE AMERICA FORWARD Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	х	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	x	
•	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		ļ	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 5	<del> </del> -	. х
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
	"Yes," complete Schedule D, Part I	6		7.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del></del> -		
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
L	complete Schedule D, Part VI	11a	х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		- 1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_x
C	of more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
•	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		ŀ	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		_ X
f		11e	-	X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Pohodulo D. Berte VII and VIII	12a	.	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	iza	x	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- 1		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
'	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		<u>x</u>
•	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part·II	45		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	+	<u> </u>
-	If "Yes," complete Schedule G, Part III.	.		
20 a	Did the organization energical and an arrange benefit to state of the	19		<u> </u>
	If "Voo" to line 20m did the association which we say the say that the say of	20a 20b		<u> </u>
11	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	demands and D. (194) I. (2) II. (2) II.	21	ľ	x
	and the state of t			41

84-1627277 Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b x ь 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 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.1....... 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c x 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part.1..... 31 31 x Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations x 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . . . . . . Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3а За X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O........ b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, **4**a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . . . . Х b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... b х If "Yes" to line 5a or 5b, did the organization file Form 8886-T?...... ¢ Does the organization have annual gross receipts that are normally greater than \$100,000, and did the ĥя organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or b 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X ь Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was x If "Yes," indicate the number of Forms 8282 filed during the year. d e 7e X f 7f x If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. . . . . α X h x 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. а 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Ь 9b 10 Section 501(c)(7) organizations. Enter: а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a 12a þ 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans ...... C Did the organization receive any payments for indoor tanning services during the tax year? 14a X b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X if "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . . . . if "Yes," complete Form 4720, Schedule O.

MOVE AMERICA FORWARD Page 6 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 3 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 on 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 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. . . . . . . . . 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 X 6 Did the organization have members or stockholders? X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X Are any governance decisions of the organization reserved to (or subject to approval by) members, X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а x x Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) X Nο 10a х 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 filling the form? . . . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a x b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 X 14 х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? x X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website ▼ Upon request Other (explain on Schedule Q) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CHRIS BARLOW (916) 441-6197, 3105 FITE CIRCLE STE 108, Sacramento, CA 95827

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Form 990 (202	20) MOVE AMERICA FORM	ARD		84-1627	277 Page <b>7</b>
Part VII	Compensation of Officers, Dire Independent Contractors	ectors, Tr	ustees, Key Employees, Highest C	ompensated En	nployees, and
<del> </del>	Check if Schedule O contains a response			<u> </u>	🗆
Section A.	Officers, Directors, Trustees, Key Emple				
1a Complete organization's		ed. Report co	ompensation for the calendar year ending with	or within the	
List all of compensation.	of the organization's <b>current</b> officers, direct Enter -0- in columns (D), (E), and (F) if no	ors, trustees compensatio	(whether individuals or organizations), regard	lless of amount of	
<ul> <li>List all o</li> </ul>	f the organization's current key employee	s, if any. See	instructions for definition of "key employee."		
who received in organization at a List all o \$100,000 of re	eportable compensation (Box 5 of Form Word any related organizations.  If the organization's former officers, key en portable compensation from the organization.	-2 and/or Bo: nployees, an n and any re ustees that	eceived, in the capacity as a former director of	o from the	
	s for the order in which to list the persons at				
_			ion compensated any current officer, director, o	r trustoo	
	(A) Name and title	(B)  Average hours per week (fist eny hours for related organizations	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

					(C)					
(A)	(B)	Position (do not check more than one			,	(D)	(E)	(F)		
Name and title	Average		box, unless person is both an				Reportable	Reportable	Estimated amount	
	hours per week	offic	cer and	d a di	recto	r/trustee	:)	compensation from the	compensation from related	of other
	(list any				_			organization	organizations	compensation from the
	hours for	or director	Institutional trus	Officer	Key employee	an g	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ecto	Š	۳	due	oyee	Ē			related organizations
•	organizations below	, trus	111		оуве				1	
	dotted line)	6	Stee			employee				
						ē				
•										
(1) SHAWN CALLAHAN	40.00		•					<del>-</del>		
EXECUTIVE DIRECTOR				x				85,500	o l	0
(2) HOWARD KALOOGIAN	5.00	-								
DIRECTOR		x						0	. 0	o
(3) MELANIE MORGAN	25.00	_							· <u>- · · · · · · · · · · · · · · · · · ·</u>	
CHAIRMAN		х						0	0	0
(4) SAL RUSSO	24.00									
SECRETARY/TREASURER		Х		X				0	0	0
(5)										
(6)									<u>-</u>	
77\	ļ		$\dashv$	-	$\dashv$				-	
<u>(7)</u>										
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(11)										
(12)										
(13)			$\dashv$	$\dashv$	$\dashv$		$\dashv$			
(13)	<del>-</del>									
(14)			$\top$		$\sqcap$				· ·	

Part VII   Section A. Officers, Directors, Truster	es, Key Em <sub>l</sub>	ployee	s, a			est Co	omp	ensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than o box, unless person is both officer and a director/trust					n )	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations		(F) stimated a of oth compens from th	ner sation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		rganizatio	on and
<u>(15)</u>										-		
(16)					_		_			_	<del></del>	<del>-</del>
(17)	<b>-</b>						-		_			
(18)							$\dashv$		<del></del>	-		
<u>(19)</u>								• ^ .				
(20)				-	_				<u> </u>	<del> </del>		
(21)							_		<del></del>	-	<del></del>	
(22)			_				+		· · · · ·			
(23)							1			<u> </u>		
(24)					1		+			<u> </u>	<del></del>	
(25)					+	_						
1b Subtotal					•••	• • •	<b>&gt;</b>					
Total number of individuals (including but not limite reportable compensation from the organization	d to those lis	sted at	ove)	) who	 Э гес	eived	<u>▶</u>   mor	85,500 e than \$100,000 o	0 f	<u>L</u>		0
3 Did the organization list any former officer, directed	or, trustee, k	ey em	ploye	e, c	r hig	jhest d	comp	pensated			Yes	No No
<ul> <li>employee on line 1a? If "Yes," complete Schedule</li> <li>For any individual listed on line 1a, is the sum of report organization and related organizations greater that</li> </ul>	J for such it portable com n \$150,000?	ndividu pensat ? If "Ye	<i>ial</i> tion a	and c	 other olete	comp	 ensa dule	ation from the	• • • • • • • • • • • • • • • • • • • •	3		X
individual	ompensation	from a	any L	ınrel	ated	organ	izati	on or individual	• • • • • • • • •	4		x
for services rendered to the organization? If "Yes, Section B. Independent Contractors	" complete S	Schedu	le J	for s	uch	perso	n	<u> </u>	• • • • • • • • •	5		<u>x</u>
1 Complete this table for your five highest compensate	d independe	ent con	tract	ors t	hat r	eceive	d me	ore than \$100,000	of			
compensation from the organization. Report compe	nsation for th	e cale	ndar	yea	r end	ding w	ith o	r within the organiz	zation's tax year.	(C)		
Name and business address			<del>_</del> -			+		Description of services		Compens		
			_		_	_						<u> </u>
						_						
2 Total number of independent contractors (including received more than \$100,000 of compensation from	but not limite the organiza	ed to thation	ose	listed	da b	ove) w	/ho				es <sub>t</sub>	\$10.00

MOVE AMERICA FORWARD 84-1627277 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . . 1a 1a ь 1b Contributions, Giffs, Grants and Other Similar Amounts Fundraising events ...... c 1c Related organizations . . . . . . . . . . 1d Government grants (contributions) . . 1e 48,885 All other contributions, gifts, grants. and similar amounts not included above 1f 2,922,588 Noncash contributions included in lines 1a-1f . . . . . . . . . . . . . . . . . 1g 690,776 h Total. Add lines 1a-1f 2,971,473 **Business Code** 2a Program Service f All other program service revenue . . . . . . Investment income (including dividends, interest, and 6,041 6,041 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . b Less: rental expenses . . 6b c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets other than inventory 7a 58,655 b Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) . . . . . 7с 58,655 d Net gain or (loss) . . . . . . 58,655 58,655 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . **b** Less: direct expenses ...... 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a b Less: cost of goods sold . . . . . . . 10b c Net income or (loss) from sales of inventory . . . Business Code 11a e Total. Add lines 11a-11d

3,036,169

64,696

0

# 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	<u> </u>	· · · · · · · · · · · · · · · ·	
Do i	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		-		1.00
	and domestic governments. See Part IV, line 21	-			Ang Marian and Ang and Ang ang ang ang ang ang ang ang ang ang a
2	Grants and other assistance to domestic				and the design of the second o
	individuals. See Part IV, line 22	<b>-</b>			i territoria de la compansión de la comp
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				·
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	85,500	6,500	79,000	
6	Compensation not included above, to disqualified				,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	208,629	200,079		8,550
8	Pension plan accruals and contributions (include			<del>.</del>	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,792	17,729	7,887	176
10	Payroll taxes	24,205	17,072	6,429	704
11	Fees for services (nonemployees):				,
а	Management	78,000	54,600	23,400	
þ	Legal	56,788		56,788	
C	Accounting	18,645		18,645	
d	Lobbying		,		
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees			'	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	134,506	124,717	9,390	399
12	Advertising and promotion	473,964	361,826		112,138
13	Office expenses	35,493	29,123	4,492	1,878
14	Information technology			-	
15	Royalties				
16	Occupancy	54,274	27,709	26,565	
17	Travel	558	556	2	
18	Payments of travel or entertainment expenses			·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	860	215	559	86
20	Interest	228		228	
21	Payments to affiliates			•	
22	Depreciation, depletion, and amortization	543	543		
23	Insurance	22,423		22,423	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If			100	
	line 24e amount exceeds 10% of line 25, column	·	·	4	1
	(A) amount, list line 24e expenses on Schedule O.)			İ	
а	BANK CHARGES	62,936	15,734	40,908	6,294
b	EQUIPMENT RENTAL	100	100		
C	CARE PACKAGES	694,338	694,338	-	
ď	POSTAGE & SHIPPING	87,567	87,561	6	_
е	All other expenses	14,443	408	14,035	
25	Total functional expenses. Add lines 1 through 24e	2,079,792	1,638,810	310,757	130,225
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			-
			(A)	<del>i i</del>	
			Beginning of year		(B)
	1	Cash - non-interest-bearing	416,876	1	End of year
	2	Savings and temporary cash investments	110,070	2	1,215,978
	3	Pledges and grants receivable, net	11,450	-	<del></del>
	4	Accounts receivable, net	11,450	4	15,750
	5	Loans and other receivables from any current or former officer, director,	· <u> </u>	4	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	İ	controlled entity or family member of any of these persons		_	
	6	Loans and other receivables from other disqualified persons (as defined		5	<u> </u>
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
15	7	Notes and loans receivable, net		6	
Assets	8	Inventories for sale or use	<del></del>	7	
Asi	9	Prepaid expenses and deferred charges		. 8	
	10a		· · · · · · · · · · · · · · · · · · ·	9	
		basis Complete D-43/1-40 L LL D			
	Ь			]	
	11	Investments - publicly traded securities	16,700	_	16,157
	12	Investments - other securities. See Part IV, line 11		11	<u> </u>
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets	283,271	13	451,630
	15	Other assets. See Part IV, line 11	<del></del>	14	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,340	15	7,698
	17	Accounts payable and accrued expenses	734,637	16	1,707,213
	18	Grants payable	7,516	17	23,715
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Economics and the district of the control of the co		20	
"	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	_	trustee, key employee, creator or founder, substantial contributor, or 35%			and the second s
ğ		and the same and t			
Ë	23	controlled entity or family member of any of these persons		22	
	24	Secured mortgages and notes payable to unrelated third parties		23_	
	25	Unsecured notes and loans payable to unrelated third parties		24	
i		Other liabilities (including federal income tax, payables to related third			
ļ		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26			25	
		Total liabilities. Add lines 17 through 25	7,516	26	23,715
Ī		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
Ses	27	Not see to settle and the set			a productive form
<u>ā</u>	28		715,671	27	1,667,748
Ba	20	Net assets with donor restrictions	11,450	28	15,750
[ ]		Organizations that do not follow FASB ASC 958, check here	1		
린	20	and complete lines 29 through 33.		.	
ő	29	Capital stock or trust principal, or current funds		29	
i ge	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	727,121	32	1,683,498
	33	Total liabilities and net assets/fund balances		33	1,707,213
Α					

_	MOVE AMERICA FORWARD	84-16272	77	-	Sa 44
Pa	Reconciliation of Net Assets				Page 12
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	· · · ·	026	<u> </u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			,169
3	Revenue less expenses. Subtract line 2 from line 1	3			,792
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,377
5	Net unrealized gains (losses) on investments	5		121	,121
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				_
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	-			0
	32, column (B))	10	-		
Pa	rt XII Financial Statements and Reporting	101		,683	,498
	Check if Schedule O contains a response or note to any line in this Part XII				
		·····	•••		<del>-    </del> -
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			ļ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • • • • •	2a		Х
	reviewed on a separate basis, consolidated basis, or both:				
ь	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?				2.3
	If "Yes" check a boy below to indicate whether the financial statements of the	• • • • •	2b	X	
	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:				
				1 111	7.5
c	Doin consolidated and separate pasis				15.4
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3-		İ			r agr
Jd	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
<b>L</b>	Single Audit Act and OMB Circular A-133?		3a		x
D.	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<del></del>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2020)

EEA

#### **SCHEDULE A** (Form 990 or 990-EZ)

# Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number MOVE AMERICA FORWARD 84-1627277 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

(i) Name of supported organization (ii) EIN (ili) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

Provide the following information about the supported organization(s).

functionally integrated, or Type III non-functionally integrated supporting organization.

_		ICA FORWARI				84-16272	77 Page 2		
P	Support Schedule for Organization	ations Desci	ribed in Sect	ions 170(b)(	(1)(A)(iv) and	i 170(b)(1)(A)	(vi)		
	(Complete only if you checked th	ie box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	lify under		
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)			
_	ction A. Public Support			1 7			<del>, , , , , , , , , , , , , , , , , , , </del>		
	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020_	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not			ŀ					
2	include any "unusual grants.")					<del> </del>			
2	Tax revenues levied for the								
	organization's benefit and either paid to								
2	or expended on its behalf					<u></u>			
3	The value of services or facilities			1		1			
	furnished by a governmental unit to the								
_	organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by				ŀ				
	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)								
6	Public support. Subtract line 5 from line 4						*****		
	ction B. Total Support					·			
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties, and income from								
	similar sources								
9	Net income from unrelated business								
	activities, whether or not the business								
	is regularly carried on								
10	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)								
11	Total support. Add lines 7 through 10	•							
12	Gross receipts from related activities, etc. (se	ee instructions	)			12			
13	First five years. If the Form 990 is for the on	ganization's fir	st, second, thir	d, fourth, or fit			)(3)		
	organization, check this box and stop here .								
Sec	ction C. Computation of Public Suppor	t Percentage	9						
14	Public support percentage for 2020 (line 6, co	olumn (f), divid	led by line 11,	column (f)) .		14	%		
	Public support percentage from 2019 Schedu					15	%		
16a	33 1/3% support test - 2020. If the organiza	tion did not ch	eck the box on	line 13, and li	ne 14 is 33 1/3	% or more, che	ck this		
	box and stop here. The organization qualifie	s as a publicly	supported org	anization			▶ □		
b	33 1/3% support test - 2019. If the organiza								
	this box and stop here. The organization qua	alifies as a pub	licly supported	organization			▶ □		
17a	10%-facts-and-circumstances test - 2020.								
	10% or more, and if the organization meets the								
	Part VI how the organization meets the facts-								
	organization								
b	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
	15 is 10% or more, and if the organization me	-							
	in Part VI how the organization meets the fac								
	organization						<b>▶</b> □		
18	Private foundation. If the organization did no								
-	instructions						▶ □		

# 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.)

3	Se	ction A. Public Support			• 11 piodoc 00	ompiete i ait	11.)	
•	Ca	lendar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(6) T-4-1
	1			(-) -0	(0) 2010	(d) 2019	(e) 2020	(f) Total
		received. (Do not include any "unusual grants.")	1.583.730	2.968.318	2 346 540	3 603 765	2,971,473	<b></b>
	2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose		275007510	2,340,549	2,093,765	2,971,473	12,563,835
	3	Gross receipts from activities that are not an			<del>-</del>			
		unrelated trade or business under section 513.	1					
	4	Tax revenues levied for the						
		organization's benefit and either paid to			i			
		or expended on its behalf						
	5	The value of services or facilities				<del>-</del>	<u> </u>	<del></del>
		furnished by a governmental unit to the						
		organization without charge						
	6	Total. Add lines 1 through 5	1,583,730	2,968,318	2.346.549	2 692 765	2,971,473	30 563 825
	7a	Amounts included on lines 1, 2, and 3		_,_,_,	2/310/319	2,093,765	2,9/1,4/3	12,563,835
		received from disqualified persons					,	
	b	Amounts included on lines 2 and 3					<del></del> +	
		received from other than disqualified						
		persons that exceed the greater of \$5,000	İ					
		or 1% of the amount on line 13 for the year						
	C	Add lines 7a and 7b						
1	В	Public support. (Subtract line 7c from						
_		line 6.)						10 560 005
S	ec	tion B. Total Support			<u></u>			12,563,835
С	al	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	}	Amounts from line 6	1,583,730		2,346,549		2,971,473	12,563,835
1	0a	Gross income from interest, dividends,	-					12,303,033
		payments received on securities loans, rents,		f	ļ			
		royalties, and income from similar sources	177	446	547	4,028	6,041	11,239
	b	Unrelated business taxable income (less						
		section 511 taxes) from businesses						
		acquired after June 30, 1975						
		Add lines 10a and 10b	177	446	547	4,028	6,041	11,239
1		Net income from unrelated business				-		22,232
		activities not included in line 10b, whether	•	ł		Ì		
		or not the business is regularly carried on						
12		Other income. Do not include gain or						-
		loss from the sale of capital assets		İ				
		(Explain in Part VI.)						
13		Total support. (Add lines 9, 10c, 11,		†				
		and 12.)	1,583,907	2,968,764	2,347,096	2,697,793	2,977,514	12,575,074
14	ŀ	First 5 years. If the Form 990 is for the organ	iization's first, s	econd. third. fo	ourth, or fifth ta	ix vear as a se	ction 501/c)/3\	
_		organization, check this box and stop here.		<u> </u>	<u></u>	<u></u>	<u></u>	▶ 🔲
30		non of computation of Fublic Support	Percentage					
15		Public support percentage for 2020 (line 8, co	lumn (f), divide	d by line 13, c	olumn (f))		15	99.91 %
16		Public support percentage from 2019 Schedu	le A, Part III, lin	e 15	<u> </u>		16	99.95 %
	€C.	tion D. Computation of Investment Inc	ome Percent	age				
17		Investment income percentage for 2020 (line	10c, column (f),	divided by lin	e 13, column (	f))	17	0.00 %
18	,	Investment income percentage from <b>2019</b> Scl	nedule A, Part I	II, line 17			18	0.00%
19	9a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line							
		17 is not more than 33 1/3%, check this box a	nd stop here.	The organization	on qualifies as	a publicly sup	oorted organiza	ıtion ▶ 🔽
t	, ,	os 1/3% support tests - 2019. If the organiza	tion did not che	eck a box on lir	ne 14 or line 19	a, and line 16	is more than 3:	3 1/3%, and
	,	ine 18 is not more than 33 1/3%, check this b	ox and <b>stop he</b>	re. The organ	ization qualifie:	s as a publicly	supported oras	nization ► 🗍
<u>20</u>		Private foundation. If the organization did no	t check a box o	n line 14, 19a.	or 19b, check	this hox and s	ee instructions	, H

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type i or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_	Ye	s	No
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3a				
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m 990 c	or	990-1	EZ	2020
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Pa	art IV Supporting Organizations (continued)			
11	1. Has the exception accepted a sift an artificial to the same and the		Yes	No
	and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second a second a second and a second			
١	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	٠.		
Ŀ	b A family member of a person described in line 11a above?	11a		╀
C	c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11b	m yo pi magazag	La vegla ja
	detail in Part VI.	110		100
Se	ction B. Type I Supporting Organizations	11c		<u> </u>
			Yes	No
1	or the governing body, onicers acting in their unitial capacity, or membership of one or		1.00	'''
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		1	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ĺ		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	' <b> </b>	1	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
~	and a second sec	ļ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		1	
Sec	ction C. Type II Supporting Organizations	2		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			' '
_	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
	DUI I A		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			Nacional Section
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	e		,
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		····
_			e e	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> had the organization maintained a close and continuous working relationship with the supported organization(s).	w		Dian.
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	ee instruct	ions)	
а	ine organization satisfied the Activities Test. Complete line 2 below.			
b	Delow.			
C	- Same and apported a government of thirty. Describe in Fart VI NOW YOU SUDDOTTED A GOVERNMENT of	ntity (see ins	structi	ions)
2	Activities Test. Answer lines 2a and 2b below.	_		No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			5-4 y:
	those supported organizations and explain how these activities directly furthered their exempt purposes,			S AS
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			Popular programs
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a	$\rightarrow$	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			مقريض
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.			1. P. M.
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		- Jean
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			SHE!
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		12.2
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<sub>:h</sub>		<del></del>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	y trust or	n Nov. 20, 1970 (explain ir	Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Sections A	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	· ·	
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		٠.	
	instructions for short tax year or assets held for part of year):			e de la compansión de l
а	Average monthly value of securities	1a		
$\overline{}$	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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	10 pt 1	
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			
	emergency temporary reduction (see instructions).	6	· · · · · · · · · · · · · · · · · · ·	
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting or	ganization
	(see instructions).			

Pá	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	84	-162	7277 Page
		of Supporting Organi	zations (continu	iea)	
- 56	ction D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		T <sub>1</sub>	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		+-	
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizat	tions	3	<del></del>
_4	Amounts paid to acquire exempt-use assets		-	4	
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part VI)	·	5	
	Other distributions (describe in Part VI). See instructions.			6	<del>_</del>
<del>_7</del>	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is respons	sive		
_	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
٥.	Stan F. Bl. 40 O. Au	(i)	(ii)		(iii)
26	ction E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributi	ons	Distributable
	Distribute Li	Excess Distributions	Pre-2020		Amount for 2020
	Distributable amount for 2020 from Section C, line 6				
~	Underdistributions, if any, for years prior to 2020	,			
	(reasonable cause required - explain in Part VI). See	·			
	instructions.				<u> </u>
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019		<u> </u>		
<u>'</u>	Total of lines 3a through 3e		<u> </u>		
<u>. 9</u>	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<del>-</del>	Carryover from 2015 not applied (see instructions)				
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2020 from				
7			·		
_	Applied to underdistributions of prior years		<u> </u>		
h	Applied to 2020 distributions of prior years  Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.		<del></del>		
5	Remaining underdistributions for years prior to 2020, if				
•	any. Subtract lines 3g and 4a from line 2. For result			-	
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h		. <u></u>		
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.		14 (17) (17) (17) (17) (17) (17) (17) (17)		
8	Breakdown of line 7:				
_	Excess from 2016		<del></del>	-  -	
	Excess from 2017	<del>  </del>	<del> </del>		
	Excess from 2019		<del></del>		
	Excess from 2019			: -	
	Excess from 2020				
EA		<u> </u>			

### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Namo	of the organization		Employer Identification number					
MOV	E AMERICA FORWARD	84-1627277						
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	ounts					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year		(A) I dido and odici decodino					
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year	-						
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised						
	funds are the organization's property, subject to the organization	on's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used						
	only for charitable purposes and not for the benefit of the donor		•					
	conferring impermissible private benefit?		□ Van □ Na					
Pa	rt II Conservation Easements.		· · · · · · · · · · · · Yes   No					
	Complete if the organization answered "Yes" or	Form 990. Part IV. line 7.						
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)						
	Preservation of land for public use (e.g., recreation or educ	- · · · · · · · · · · · · · · · · · · ·	f a historically important land area					
	Protection of natural habitat		f a certified historic structure					
	Preservation of open space	☐ Flese(Vacco)(O	i a certified historic structure					
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co						
_	easement on the last day of the tax year.	conservation continuing that the lottl of a co						
а			Held at the End of the Tax Year					
b	Total acrossor restricted by consequents	• • • • • • • • • • • • • • • • • • • •	<u>2a</u>					
C	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·	2b					
d	Number of conservation easements on a certified historic structure of conservation easements in a leaf of the conservation easements on a certified historic structure.	ture included in (a)	. <u>2</u> c					
u	Number of conservation easements included in (c) acquired aff							
3		• • • • • • • • • • • • • • • • • • • •						
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the org	anization during the					
4	tax year •							
4	Number of states where property subject to conservation ease							
5	Does the organization have a written policy regarding the period							
e	violations, and enforcement of the conservation easements it he							
6	Staff and volunteer hours devoted to monitoring, inspecting, han	idling of violations, and enforcing conservati	on easements during the year					
_								
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	asements during the year					
_	\$							
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4						
_	and section 170(h)(4)(B)(ii)?		· · · · · · · ·					
9	In Part XIII, describe how the organization reports conservation							
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements th	at describes the					
-	organization's accounting for conservation easements.							
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" or							
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and ba	alance sheet works					
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public					
	service, provide, in Part XIII the text of the footnote to its financial							
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balan	ce sheet works of					
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherand	ce of public service.					
	provide the following amounts relating to these items:		, , , , , , , , , , , , , , , , , , , ,					
			<b>&gt;</b> \$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasu	Jres. or other similar assets for financial cair	provide the					
	following amounts required to be reported under FASB ASC 95		i, provide tile					
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> €					
b	Assets included in Form 990, Part X		<b>&gt;</b> \$					

	dule D (Form 990) 2020 MOVE AMERICA F						84-16	527277	Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, His	storical "	Treasures	, or O	her Similar	Assets (c	continued)
3	Using the organization's acquisition, accession	on, and other records	, check an	y of the foll	owing that m	ake sign	ificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	☐ Loan	or exchange	progran	18		
b	Scholarly research		e						
C	Preservation for future generations		•					<del>_</del>	
4	Provide a description of the organization's co	llaations and avalain	L	Errodlanı il-					
7	XIII.	nections and explain	now they	en rennui	organization <sup>.</sup>	s exemp	t purpose in Par	rt .	
F									
5	During the year, did the organization solicit or	receive donations of	f art, histor	ical treasu	res, or other s	similar			
_	assets to be sold to raise funds rather than to	be maintained as pa	art of the o	rganization	n's collection:	? <u></u>	<u> </u>	🔲 Ye	es 🗌 No
Ра	rt IV Escrow and Custodial Arra								
	Complete if the organization	answered "Yes"	on Forn	n 990, Pa	art IV, line	9, or re	eported an a	mount on	Form
	990, Part X, line 21.						•		
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for cont	ributions or	other assets	s not			
								Πv	es 🗆 No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following	owina tahl	۵.			• • • • • • • •		»s ∐ NO
	are the second s	and complete are for	Ownig tabl	<b>G</b> .			<del></del>		
_	Poginning halance							Amount	
C	Beginning balance						;		
d	Additions during the year						1		
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for esci	row or cust	odial account	t liability?	?	∏ Y∈	s No
b		Check here if the ex	planation h	nas been or	ovided on Pa	art XIII			~ H
Pa	rt V Endowment Funds.							<del></del>	<u>• ш</u> .
	Complete if the organization a	answered "Yes"	on Form	1000 Ps	art IV line	10			
		1						<del></del>	<del></del>
10	Paginning of your holones	(a) Current year	(b) Pr	ior year	(c) Two years	s back	(d) Three years ba	ck (e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and					1			
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses							-	
g	End of year balance							_+_	
2			(I) 4	1 (3)	L				
	Provide the estimated percentage of the current		(line 1g, co	olumn (a)) I	neld as:				
a	Board designated or quasi-endowment	·							
þ	Permanent endowment ▶ %	6							
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizat	ion that an	e held and	administered	for the			
	organization by:	<b>.</b>							Yes No
	79. Ch. 1 C							2=/2	142 140
		· · · · · · · · · · · · · · · · · · ·						3a(i)	<del> </del>
<b>L</b>	- · ·							3a(ii)	$\vdash$
b	If "Yes" on line 3a(ii), are the related organizat							<u>  3b</u>	<u> </u>
4	Describe in Part XIII the intended uses of the		vment fund	s.					
Pai	t VI Land, Buildings, and Equip								
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	rt IV, line	11a. Se	ee Form 990	, Part X, li	ne 10.
	Description of property	(a) Cost or other			other basis		Accumulated	(d) Bool	
		(investme		1 ' '	ther)		preciation	(=) 500	
1a	Land					. *			
b	Buildings								
~		• •			A				
ان در	Leasehold improvements			<del></del>	21,158		4,758		16,400
đ	Equipment				19,396		19,639		(243)
<u>e</u>	Other							<u></u>	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	t X, colum	n (B), line	10c.)		▶		16,157

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . . . . . Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (TEQUITY FUNDS FMV 90,328 (2EXCHANGE TRADED FUNDS 354,368 FMV (3)EQUITIES 6,934 FMV (4)(5) (6) (7)(8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). . . . . . . . 451,630 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (1) THER ASSETS 3,658 (2)DEPOSIT 4,040 (3)(4)(5) (6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). 7,698 Part X Other Liabilities. 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 (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 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total revenue, gains, and other support per audited financial statements		int XI Reconciliation of Revenue o
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:  A Net unrealized gains (losses) on investments.  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 17b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  C Other (Describe in Part XIII.)  d Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  2	/ered "Yes" on Form 990 Part IV line 12a	Complete if the organization a
Amounts included on line 1 but not on Form 990, Part VIII, line 12:  a Net unrealized gains (losses) on Investments.  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  5 3 3,0  Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  a Investment expenses not included on Form 990, Part IV, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 19.)  Part XIII Supplemental Information.		Total revenue, gains, and other support per audite
b Donated services and use of facilities 2b 2c 2c 3c 3c 4c 4c 4c 2d 3c 4c 4c 4c 2d 3c 3c 4c 4c 4c 3c 4c 4c 4c 3c 4c 4c 4c 4c 3c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c		
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C   Recoveries of prior year grants   2c		Donated services and use of facilities
d Other (Describe in Part XIII.)   2d   2e   2e   3   3   3   3   3   3   3   3   3		
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  5 3,0  Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other (Describe in Part XIII.)  c Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line		
3 3 3,0  Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of facilities and use of fa		Add lines 2a through 2d
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b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,0  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line		
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,0  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	/III, line 7b 4a	Investment expenses not included on Form 990, P
C   Add lines 4a and 4b   4c		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 2, 0  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2b Prior year adjustments 2b  c Other losses 2c 2c  d Other (Describe in Part XIII.) 2e  Subtract line 2e from line 1 2e  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b 4a  b Other (Describe in Part XIII.) 4b 4b 4c  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 2, 0:  Part XIII Supplemental Information.		Add lines 4a and 4b
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	Form 990, Part I, line 12.)	Total revenue. Add lines 3 and 4c. (This must ea
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Audited Financial Statements With Expenses per Return	rt XII Reconciliation of Expenses
Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	vered "Yes" on Form 990, Part IV, line 12a.	Complete if the organization a
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities		
a Donated services and use of facilities	X, line 25:	Amounts included on line 1 but not on Form 990, F
c Other losses		
c Other losses	2b	Prior year adjustments
d Other (Describe in Part XIII.)		Other losses
e Add lines 2a through 2d		
3 2,0°  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII.)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line		
Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b		
a Investment expenses not included on Form 990, Part VIII, line 7b	t on line 1:	Amounts included on Form 990, Part IX, line 25, bu
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<del> </del>	
Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	2,013,13	t XIII Supplemental Information.
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	
	complete this part to provide any additional information.	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b.
	,	

#### **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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

2020 Open To Public Inspection

OMB No. 1545-0047

MOVE AMERICA FORWARD	)						84-	1627:	277								
Part I Excess Benef	it Transaction	s (section 501	(c)(3), s	section 5	01(c)(4),	and se	ction 501(c)(29	) organ	nizatio	ns or	ıly).						
Complete if the	organization a	nswered "Yes	on Fo	rm 9 <u>9</u> 0,	Part IV, I	ine 25a	or 25b, or Form	n 990-	EZ, P	art V,	line 4	10b.					
1 (a) Name of disqualified person		(b) Relationship between disqualified person and				(c) Description	o of transa	-ation			(d) Сопес						
			organizatio 	in .		-	(e) Description	1 OI II ZII Ş	action			Yes	No				
(1)																	
(2)																	
	_					<del>  -</del>							<del> </del>				
(3)																	
2 Enter the amount of tax in																	
under section 4958						• • • •	• • • • • • • •		▶ \$	<u> </u>							
3 Enter the amount of tax, if	rany, on line 2, ab	ove, reimbursed	by the o	organizati	on	• • • •	• • • • • • • • •		▶ \$	<b></b> _							
Part II Loans to and/	or From Intere	stad Parsons							-	-							
Complete if the				rm 990-i	-7 Part \	V line 3	8a or Form 990	) Part	IV lin	o 26.	or if	tho					
organization re	ported an amou	unt on Form 99	0, Part	X, line	5, 6, or 2	2.	00 01 1 01111 000	, i cart	17, 111	IC 20,	Of III	.i i <del>C</del>					
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Lo	oan to or	(e) Or	idinal	(f) Balance due	(et In	dofault?	(b) A=	nen od	(3) 186					
•	with organization	loan	fro	( , , , , , , , , , , , , , , , , , , ,		from the principal amount				the principal amount		due (g) In default	nerapti!	fault? (h) Approve by board or		(i) Wr agreer	
			orgar							committee?							
· · · · · · · · · · · · · · · · · · ·	_		То	From				Yes	No	Yes	No	Yes	No				
(4)				İ													
(1)				<u> </u>				-									
(2)										<u> </u>	İ						
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(4)																	
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(5) Fotal	<u></u>	<u> </u>				- C		-	<u> </u>			<b> </b>					
	sistance Benef				<u> </u>	<u>. ▶ \$</u>							•				
	e organization a				Part IV.	line 27.											
(a) Name of interested person		nip between interested		) Amount of			) Type of assistance		(0)	Dumos	e of ass	ietance					
		nd the organization	, , ,		or assistance (d		7 17 17 17 17 17 17 17 17 17 17 17 17 17		(-,	, urpos	e or ass	istarice					
44)																	
(1)																	
(2)							•										
				<del></del> .													
(3)																	
								j.									
(4)																	
(5)																	

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever
	· · · · · · · · · · · · · · · · · · ·			Yes
SAL RUSSO	DIRECTOR	78,000	SAL RUSSO IS PRESIDENT AND DIRECTOR OF RMA	
		;		1
				-
V Supplemental Information				
	n. ion for responses to questions	on Schedule I. (see	instructions)	
	s	Off Cortedute E (See	iriou deliorio).	
		<del></del>		

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Inspection Employer Identification number

Name o	f the organization		<u> </u>		Employer ld	lentification nun			
MOVE	OVE AMERICA FORWARD 84-1627277								
Par	Types of Property				01 402	, ,			
_		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part V	ted on	Method noncash o	d of dete	erminir ion am	ng nounts
1	Art - Works of art			<del></del>					
2	Art - Historical treasures					<u> </u>			
3	Art - Fractional interests					<u> </u>			
4	Books and publications			ļ		<del> </del>			
5	Clothing and household								
_	goods	X_			118,507	FMV			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property						<del></del>		
9	Securities - Publicly traded			<u></u>					
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								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	x	2		572,269	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()	,		· <del></del> -					
26	Other ► ()								
27	Other ► ()								
28	Other ► (								
29	Number of Forms 8283 received by the o	organization	during the tax year for contribut	ions for					
	which the organization completed Form 8	3283, Part V,	Donee Acknowledgement			29			
					'			Yes	No
30a	During the year, did the organization rece	ive by contri	bution any property reported in	Part I, lines 1 throu	gh			27 1 2 1 1	
	28, that it must hold for at least three year								
	to be used for exempt purposes for the e			· · · · · · · · · ·			30a		x
b	If "Yes," describe the arrangement in Par	_						100	100
31	Does the organization have a gift accepta		hat requires the review of any n	onstandard					
							31	X	Comment that the
32a	Does the organization hire or use third pa				h	• •	<u> </u>		
	_		· · · · · · · · · · · · · · · · · · ·				32a		x
b	If "Yes," describe in Part II.			<b></b>			- Jan	1 1, 1	
33	If the organization didn't report an amoun	t in column (	c) for a type of property for which	ch column (a) is che	ecked				
-	describe in Part II.		stea brokers for mill	5 50.6 (a) 10 are					

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

2020

Publi

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
F Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

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 REVIEW AN	D APPROVAL BEFORE
FILING.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
MAF FOLLOWS OUR CONFLICT OF INTEREST POLICY AT EVERY MEETING OR VOTE TO ST	EE THAT IF ANY
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 APPROVAL BY	Y THE BOARD OF
DIRECTORS.	
04. Other officer or key employee compensation (Part VI, line 15b	
MAF FOLLOWS OUR POLICY FOR COMPENSATION TO ENSURE A REVIEW AND APPROVAL BY	THE BOARD OF
DIRECTORS.	
05. Governing documents, etc, available to public (Part VI, line 19)	
MAF PROVIDES ALL DOCUMENTS TO THE PUBLIC UPON REQUEST.	