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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Inte	rnal Re	venue Service	1	The organization may t	nave to use a cor	py of this return to	satisty state repor	ting requirer	nents	Ope	n to primite in:	pecsor
	For	the 2008 calen	dar year,	or tax year beginning	7/01	, 2	2008, and endir	ng 6/	30		, 2009	
В	Check	if applicable							D Employ	yer ident	ification Number	
		Address change	Please use IRS label	Movement Stra	teav Cen	ter			20-	1037	643	
	Н	-	or print	1611 Telegrap					E Teleph			
	\vdash	Name change	or type See	Oakland, CA 9		,,,,,,						
	Щ"	nitial return	specific Instruc-						510	-444	-0640	
	ו∟	Termination	tions.									
		Amended return							G Gross	eceipts :	3,546	,794.
	П	Application pending	F Name a	and address of principal office	Taj Ja	ames		H(a) Is this	a group retui	n for affi	liates? Yes	XNo
	ш	,	Same A	As C Above				H(b) Are all	affiliates inc	luded?	Yes	=
$\overline{}$	Ta	x-exempt statu			rt no)	4947(a)(1)	or 527	If 'No,'	attach a list	(see ins	tructions)	
÷				ementstrategy.] 4547(a)(1) (31 1 327				_	
"							1.		exemption n			
K		e of organization	X Corpora	ation Trust Asso	ciation Oth	er =	L Year of Forma	tion 200	4 M:	State of k	egal domicile CA	<u> </u>
ij.,	art f	Summa										
	ן ז	Briefly descri	be the org	ganization's mission or	most signific	cant activities:	The Move	<u>ment S</u>	<u>trateg</u>	ry_ <u>C</u> e	<u>nter work</u>	<u>:s_to_</u>
		build a	progre	ssive movement	by_ine	reasing	the <u>capac</u> :	ity of	indiv	idual	ls,	
Activities & Governance		organiza	tions.	_alliances_and	l sectors	s to be m	ore_strate	egicc	collabo	prati	ive_and	
Ĕ	i	sustaina										
ð	2	Check this bo	x ► [_]	if the organization disc	continued its	operations or	disposed of me	ore than 2	5% of its	assets	•	
0	3			nbers of the governing						3		4
	4			nt voting members of the		body (Part VI	, line 1b)			4		3
ş	5	Total number	of emplo	yees (Part V, line 2a)						_5_		28
흫	6	Total number	of volunt	eers (estimate if nece	ssary)					6		
ĕ	7 a	Total gross u	nrelated t	ousiness revenue from	Part VIII, lin	e 12, column	(C)			7a		0.
	t	Net unrelated	business	taxable income from	Form 990-T,	line 34				7b		0.
								Р	rior Year		Current Y	ear
	8	Contributions	and gran	its (Part VIII, line 1h)					,116,4	45.	3,122	
Revenue	9			ue (Part VIII, line 2g)					176,5			,853.
Ž	10			art VIII, column (A), lin	es 3, 4, and	7d)				14.		,457.
æ	111			II, column (A), lines 5,					16,5			,896.
	12			nes 8 through 11 (mus		-	4) line 12)	1	, 309, 6		3,543	
_	13			ounts paid (Part IX, co			97 11110 127	 	48,0		0/0.0	<u> </u>
	14	Popolite poid	to or for	members (Far D), on	Band 177 Three	47				, , , , , , , , , , , , , , , , , , , 		
	1	Bellelits paid	10 01 101 1	The state of the s	1.7.6.	7/	5 10		004 0	-	1 000	100
9	15	Salaries, otne	r comper	nsation, employee ben	रामा मुख्याच	ر Goiumn (A), ا	lines 5-10)		894,9	00.	1,008	<u>, 199.</u>
ě	16a	Professional f	undraisin	g feesomart IX, colum	ဥ္က (နှ), ₄ line ၂။	图						
Expenses	ь	Total fundrais	ing exper	nses (Fait IX, column	(D) Hide 25)	하	143,645.			(***)		
Ð,	17	Other expense	es (Part l	X, cdlumn_(A),_lines_1	1a-11d-116	A			504,1	85	1,010	050
				nes 18-17 musi equal			E\	 	,447,1		2,018	
	18					(A), lifle 2	5)					
	19	Revenue less	expenses	s. Subtract line 18 from	n line 12			+	-137,5	55.	1,525	, 150.
Net Assets or Fund Balances								Begin	ning of Y		End of Ye	
1	20	Total assets (I	Part X, lır	ne 16)					<u>679, 9</u>		2,093	
₹2	21	Total liabilities	(Part X,	line 26)					247,4	86.	136	, 284.
ż	22	Net assets or	fund b a la	inces Subtract line 21	from line 20				432,4	40.	1,957	.590.
Þ	rt 11	Signatu					· - · ·			,		
CH					this return inclu	duna necembanium	sockedulos and state		la Aba bast at		uladas and balinds	
		true, correct, an	d complete	declare that I have examined Declaration of preparer (other	than officer) is b	ased on all informa	ation of which prepa	rer has any k	nowledge	illy kilot	wiedge and belief, i	1 13
c:_		>	H.I	_				i	5/15/1	b		
Sig He	in S	Signature o	10410					Date		<u> </u>		
пеі	re	Signature	· W	T) 0	cord. 1			Uali	E			
					risident							
		Type or prin	it name and	title V								
							Date		eck if	Prej (see	parer's identifying r : instructions)	umber
Pai	d	Preparer's	A	, ,	,		-1-11	γ self em	ployed >		-	
Pre	-	signature	► <i>C</i>	rasky a K	aned	a	5/7/10		,	_		
	er's	Firm's name (or		by & Kaneda, C								
Jse		yours if self		Telegraph Ave					0/	1-224	12000	
Onl	y	employed), address, and						EIN			13888	
		ZIP + 4	Oakl					Pho	ne no	(510)	835-272	
_	_			ith the preparer showr							X Yes	No
2 A A	Enr	Drivery Act on	d Panan	vork Reduction Act No	atice see the	congrete inct	ructions		TEE 401121	12/22/01	R Form 990	(2008)



			Vaa	No.
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	, , , , , , , , , , , , , , , , , , , ,	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		<u>x</u>
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
ŧ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>x</u>
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Form 990 (2008) Movement Strategy Center

[Part IV . | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),	1	·	. :
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	X	
1	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	х	
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' <i>complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V , line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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Form 990 (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 30 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X 2 a 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 2 : 28 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4 8 X b If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5Ь c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Did the organization solicit any contributions that were not tax deductible? X 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g X X h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

Part VI: Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Se</u>	Ction A.	Governing Body and Management			1	Т
	For each processes	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O See instructions	describe the circumstances,	·	Yes	No
1	a Enter the	number of voting members of the governing body		}	1	1
	b Enter the	number of voting members that are independent	_1b3		,	
2	Did any o officer, di	fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	elationship with any other	2		X
3	Did the or	ganization delegate control over management duties customarily performed by or i	under the direct supervision	3		х
4		ganization make any significant changes to its organizational documents		4		Х
	since the	prior Form 990 was filed?				
5	Did the or	ganization become aware during the year of a material diversion of the organizatio	n's assets?	5		Х
6	Does the	organization have members or stockholders?		6		Х
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or r body?	more members of the	7a		х
	b Are any d	ecisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		X
8	Did the or the follow	ganization contemporaneously document the meetings held or written actions unde ing	ertaken during the year by	· ·	3. _{3.4}	
	a The gover	ning body?		8a	X	
	b Each com	mittee with authority to act on behalf of the governing body?		8b	Х	
9	a Does the	organization have local chapters, branches, or affiliates?		9a		Х
	b If 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	9ь		
10	Was a cor describe i	by of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S.	i? All organizations must ee Schedule 0	10	Х	
	organizati	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		х
Sec	ction B.	Policies				
			ĺ		Yes	_No
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	<u> X</u>	
	to conflict:		_	12b	х	
	Schedule	organization regularly and consistently monitor and enforce compliance with the pol O how this is done See Schedule O	licy? If 'Yes,' describe in	12c	х	
		organization have a written whistleblower policy?		13		X
		organization have a written document retention and destruction policy?		14		X
	persons, c	ocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent sision:			*
	-	zation's CEO, Executive Director, or top management official?		15a	Х	
Ł		ers of key employees of the organization? See Schedule 0		15 b		X
	Describe ti	ne process in Schedule O. (see instructions)		114		}
16 a		panization invest in, contribute assets to, or participate in a joint venture or similar in ing the year?	arrangement with a taxable	16a	8	X
t	If 'Yes,' ha	s the organization adopted a written policy or procedure requiring the organization iture arrangements under applicable federal tax law, and taken steps to safeguard respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
500		Disclosures		100		
		tes with which a copy of this Form 990 is required to be filed > CA				
	Section 61	04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) av	– – – aılable	for p	ublic
	Own w					
19	Describe in	Schedule O whether (and if so, how) the organization makes its governing docume available to the public	ents, conflict of interest polic	y, and	d finar	ncial
20		ame, physical address, and telephone number of the person who possesses the bo	ooks and records of the organ	nızatıd	n	
		Goods 1611 Telegraph Avenue Oakland CA 94612 510-44				
BAA			F	orm S	90 (2	(800

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Position (check all that apply)				that app		Reportable		Estimated amount of other
	per week	Individual trustee or director	inshtutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Taj James Executive Dir.	40	x		X		Ì		79,330.	0.	0.
Kimi Lee Secretary	1	х		х				5,425.	0.	0.
Ayoka Turner Secretary	1	х		х		_		0.	0.	0.
Marianne Manilov Treasurer	1	х		х				0.	0.	0.
										
				_						

Part VII Section A. Officers, Directors, Trust	tees, r	(ey	En	nplo	oye	es,	ar	nd Highest Cor	npensated	Employees (cor	nt.)
(A)	(B)				c)			(D)	(E)	(F)	
Name and Title	Average hours per week		_	Officer		Highest compensated			Reportable compensation f related organiza (W 2/1099 MIS	from amount of oth	her on n d
] "			Ē	1				
	ļ 										
									·		
									· · · · · · · · · · · · · · · · · · ·		
				_							
				_							
	-	_	_	_							
1 b Total							•	84,755.		0.	0.
2 Total number of individuals (including those in 1a) w organization ► 0	ho rece	ived	mo	re th	nan	\$10	0,0	100 in reportable co	ompensation fr	Yes	No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such interest. 4 For any individual listed on line 1a, is the sum of repthe organization and related organizations greater th individual. 	dividual ortable an \$150	com),000	pen)? If	ısatı 'Ye	on a	and omp	oth olete	er compensation f e Schedule J for si	rom uch	3	X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa edule J	ition for s	froi uch	m ar per	ny u son	inrel	late	d organization for	services	5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensate compensation from the organization.	d ındep	ende	ent d	cont	ract	ors	tha	t received more th	an \$100,000 o	f	
(A) Name and business address								(B) Description of	Services	(C) Compensation	
					_		_				
							_				_
							4				
2 Total number of independent contractors (including the compensation from the organization ► 0	iose in	1) w	ho r	ece	ved	mo	l re t	than \$100,000 in			, T

	art vill Statement of Revenue					
			_ (A)	_ (B)	(C)	(D)
ţ.	•		Total revenue	Related or exempt	Unrelated	Revenue
1		, .		function	business revenue	excluded from ta under sections
<u>. </u>	<u> </u>			revenue	- Tevende	512, 513, or 514
2,	1a Federated campaigns	1a				-
GRANTS	b Membership dues	1b	7			
Ö	c Fundraising events	1c 6,458	7		. }	
ys e	∢ ।	1 d	7	1	t	
CONTRIBUTIONS, GIFT	e Government grants (contributions)	1e	┥	1	1	1
X.	A dovernment grants (contributions)	16	-{		}	
Ĕ	f All other contributions, gifts, grants, and similar amounts not included above		•		1	1. 医血液性
200	similar amounts not included above	1f 3,115,735	- 4 ⋅	1	1	1
Ę	g Noncash contribns included in lns 1a-1f:	\$		1 11 11 11		100
8.	h Total. Add lines 1a-1f		▶ 3,122,193		457.4	- Manager
JE I		Business Code		A Salar		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ä	2a Consulting fees		407,853			407,853.
ã	Ь					107,000
Ž	c					
8	d				 	
S			 			
Ž	6 All other program as a second			 	 	
PROGRAM SERVICE REVENUE	f All other program service revenue	<u> </u>	A07 853		 	
	g Total. Add lines 2a-2f		407,853			
	3 Investment income (including divid	lends, interest and	0.457			
	other similar amounts)		9,457.	<u> </u>	<u> </u>	9,457.
	4 Income from investment of tax-exe	empt bond proceeds				
	5 Royalties		<u> </u>			
	(ı) Real	(II) Personal		Annual Care Control		
	6a Gross Rents		Course of the Co		A CONTRACTOR OF THE SECOND	
	b Less ⁻ rental expenses			N. S. W.		
	c Rental income or (loss)				regular traps second in the	Mary Street Williams
	d Net rental income or (loss)		•		1	
	7 a Gross amount from sales of (i) Securiti	es (II) Other			-	7.
	assets other than inventory		7			(
			1998至三世	The state of the s	自2000年1月1日	
	b Less: cost or other basis and sales expenses	İ			A THE STAND AND A STANDARD	
	c Gain or (loss)	 	一个冷静。			
	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	inca Ac 1966	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	, ,		Carlos Villa	The first control of the said	Ladeline and some	Figure 1 and
ш	8a Gross income from fundraising ever (not including \$ 6,458	nts		100		
S						
ي	of contributions reported on line 1c)				The state of the	and the second
2	See Part IV, line 18	a 3,030.				
OTHER REVEN	b Less direct expenses	b 3,395.	Control and was de	3	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Ü	c Net income or (loss) from fundraising	ng events	-365.	-365.		<u></u>
	9a Gross income from gaming activities	s		A STATE OF THE PARTY OF THE PAR	Jr. 15.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	See Part IV, line 19	a	* * * * *	100 1 1 1 1 1	, `• • `	E TANKS
	b Less: direct expenses	b	1 . Sec. 19			· Sand Bank.
	c Net income or (loss) from gaming a	ctivities				
	10a Gross sales of inventory, less return				₹ ₹	
	and allowances	15 a				3
ı	b Less cost of goods sold	ь				1、100000000000000000000000000000000000
ı	c Net income or (loss) from sales of in	oventory >	· · · · · · · · · · · · · · · · · · ·			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
ŀ	Miscellaneous Revenue	Business Code			, X	
-	11a Miscellaneous	23311033 0000	[
			4,241.			4,241.
- 1	b Reimbursements	-	20.			20.
- 1	c					
- 1	d All other revenue			<u>, , , , , , , , , , , , , , , , , , , </u>	<u>,</u>	
-	e Total. Add lines 11a-11d	•	4,261.	3-1-1	The second second	Ž.
	12 Total Revenue. Add lines 1h, 2g, 3, 4	4, 5, 6d, 7d, 8c, 9c.	l			
\perp	10c, and 11e	<u></u>	3,543,399.	-365.	0.	421,571.
					-	

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) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1			expenses	general expenses	expenses
2	O I I I I I I I I I I I I I I I I I I I				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	90,422.	57,883.	22,611.	9,928.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	779,084.	518,575.	168,167.	92,342.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,975.		1,975.	
9		63,420.	43,774.	11,176.	8,470.
10		73,298.	48,572.	16,591.	8,135.
_	Fees for services (non-employees)				0/200.
	a Management				
	b Legal	2,438.		2,438.	
	c Accounting	41,451.		41,451.	
	d Lobbying				
	e Prof fundraising svcs See Part IV, In 17			ر به پر در این	
	Investment management fees				
,	g Other	417,563.	369,810.	44,716.	3,037.
12	Advertising and promotion				
13	Office expenses	40,948.	29,338.	5,576.	6,034.
14	Information technology	5,375.	3,812.	1,137.	426.
15	Royalties	<u> </u>			
16	Occupancy	88,688.	60,458.	20,815.	7,415.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	80,428.	75,127.	2,550.	2,751.
19	Conferences, conventions, and meetings	63,416.	60,854.	1,834.	728.
20	Interest	2,338.		2,338.	
21	Payments to affiliates	210,000.	210,000.		
22	Depreciation, depletion, and amortization	11,094.	7,695.	2,506.	893.
23	Insurance	9,372.	5,194.	3,567.	611.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	- , .	. 11		
а	Printing and Publications	16,926.	10,910.	3,750.	2,266.
	Miscellaneous	8,829.	2,584.	6,008.	237.
c	Staff Development	7,549.	4,910.	2,267.	372.
d	Dues, licenses, service fees	3, 635.		3,635.	
е					
	All other expenses				
	Total functional expenses. Add lines 1 through 24f	2,018,249.	1,509,496.	365,108.	143,645.
26	Joint Costs. Check here ► X If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1	
	2	Savings and temporary cash investments		545,267.	2	848,361
	3	Pledges and grants receivable, net		51,157.	3	1,031,250
	4	Accounts receivable, net		47,293.	4	135,634
	5	Receivables from current and former officers, directo or other related parties. Complete Part II of Schedule	rs, trustees, key employees, : L		5	
	6	Receivables from other disqualified persons (as defin	ed under section 4958(f)(1))		1	
		and persons described in section 4958(c)(3)(B) Com	plete Part II of Schedule L	, , , , , , , , , , , , , , , , , , ,	6	
A S E T	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use			8	
\$	9	Prepaid expenses and deferred charges		16,409.	9	48,904
	10 a	Land, buildings, and equipment cost basis	10a 70,860.		·	
	Ł	Less: accumulated depreciation. Complete Part VI of		<u> </u>		
		Schedule D	10ь 48,997.	12,913.	10 c	21,863
	11	Investments - publicly-traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
1	15	Other assets. See Part IV, line 11		6,887.	15	7,862
	16	Total assets. Add lines 1 through 15 (must equal line	34)	679,926.	16	2,093,874
╗	17	Accounts payable and accrued expenses		73,289.	17	104,615
1	18	Grants payable			18	
- 1	19	Deferred revenue		82,011.	19	31,669
·	20	Tax-exempt bond liabilities			20	
<u> </u>	21	Escrow account liability Complete Part IV of Schedul	e D		21	
	22	Payables to current and former officers, directors, tru- highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II		· .	
<u> </u>		of Schedule L			22	
E	23	Secured mortgages and notes payable to unrelated the	nird parties	92,186.	23	
ı	24	Unsecured notes and loans payable			24	
-	25	Other liabilities. Complete Part X of Schedule D			25	
4	26	Total liabilities. Add lines 17 through 25		247,486.	26	136,284
		Organizations that follow SFAS 117, check here	X and complete lines		• •	
7		27 through 29 and lines 33 and 34.				
\$	27	Unrestricted net assets		-16,093.	27	639,986
		Temporarily restricted net assets		448,533.	28	1,317,604
	29	Permanently restricted net assets	_		29	
}		Organizations that do not follow SFAS 117, check he	re ▶ and complete			
		lines 30 through 34.				<u> </u>
! [30	Capital stock or trust principal, or current funds	<u> </u>		30	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
	32	Retained earnings, endowment, accumulated income,	or other funds		32	
	33	Total net assets or fund balances.	1	432,440.	33	1,957,590
\perp	34	Total liabilities and net assets/fund balances.		679,926.	34	2,093,874
ar	t XI	Financial Statements and Reporting				Yes No
1	Acc	ounting method used to prepare the Form 990 🔲 Ca	ash X Accrual 0	Other		Tes No
2 a	Wer	e the organization's financial statements compiled or r	eviewed by an independent a	ccountant?		2a X
b	Wer	e the organization's financial statements audited by an	independent accountant?			2b X
C	If 'Ye	es' to 2a or 2b, does the organization have a committeew, or compilation of its financial statements and selec	e that assumes responsibility tion of an independent accou	for oversight of the auntant?	ıdıt,	2c X
	As a	result of a federal award, was the organization require t Act and OMB Circular A-133?				3a X
b	If 'Ye	es,' did the organization undergo the required audit or	audits?			3b
AA						Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public Inspection

Name of the organization		- .				-	Employ	er identific	ation number		
Movement Strategy								03764			
Part I Reason for Pu	blic Charity Stat	us (All organizations	<u>must</u>	compl	ete thi	s part.) (see	ınstruc	tions)		
The organization is not a pri		,	-	_	•						
1 A church, convente	on of churches or as	sociation of churches des	scribed	ın sectio	n 170(b	χ1χΑχί).				
2 A school described	in section 170(b)(1)	(A)(ii). (Attach Schedule	E)								
3 A hospital or coope	erative hospital servi	ce organization described	in sect	tion 1 70	(b)(1)(A)	(iii). (A	ttach So	chedule I	Ⅎ.)		
4 A medical research	organization operat	ted in conjunction with a	hospital	describ	ed in se	ction 17	70(b)(1)(A)(iii). E	nter the ho	spital	's
name, city, and sta										•	
<u> </u>	Complete Part II)	t of a college or universit			_	_	rnmenta	al unit de	scribed in	section	on
		governmental unit descr									
in section 170(b)(1)	(A)(vi). (Complete I				overnme	ental un	it or fro	m the ge	neral publi	c des	cribed
		170(b)(1)(A)(vi). (Comple		•							
from activities related investment income June 30, 1975. See	d to its exempt function and unrelated busing section 509(a)(2). (eptions, section	and (2) 511 tax	no more) from t	than 33 ousiness	-1/3 % o ses acqu	fits supp iired by	ort from gro the organiz	22	after
		d exclusively to test for p		-							
11 An organization	ganized and operated orted organizations of supporting organ	d exclusively for the bene described in section 509(ization and complete line	fit of, to (a)(1) or s 11e th	perforn section rough 1	n the fui 509(a)(1h.	nctions (2) See	of, or ca section	arry out t 1 509(a)(3	he purpose 3). Check t	es of c he bo	ne oi x tha
a Type I	b Type II			,				d 🗌	Type III-		
e By checking this bo than foundation ma 509(a)(2)	x, I certify that the c nagers and other th	organization is not control an one or more publicly s	lled dire supporte	ctly or indexed	ndirectly izations	by one describ	or more ed in se	e disqua ection 50	ified perso 9(a)(1) or s	ons ot ection	her า
, , , ,	eceived a written de	etermination from the IRS	that is	а Туре !	, Type I	l or Typ	e III sup	porting	organizatio	n,	
g Since August 17, 20	006, has the organiz	ation accepted any gift of	r contri	bution fr	om any	of the f	ollowing	person:	57		T
(i) a person who	directly or indirectly	controls, either alone or supported organization?	togethe	r with pe	ersons d	lescribe	d ın (ıı)	and (III)	11 g (i)	Yes	No
-	ber of a person des	•							11 g (ii)		
• • •	·	n described in (i) or (ii) a	hove?						11 g (iii)		
		the organizations the org		n sunon	rts				[118 (117		
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organiza (i) liste	is the tion in col d in your erning ment?	(v) Did y the organ	ou notify nzation in (i) of upport?	organizat (i) organi	Is the tion in colli zed in the S ?	(vii) Amoun	nt of Sup	port
			Yes	No	Yes	No	Yes	No			
	 										
							j	í			
Į.								- 1			
				1	<u> </u>	/ ·•	17.7	, - a -			
Total				1		,		,			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Se	ction A. Public Support						
ьeg	endar year (or fiscal year inning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,158,447.	1,267,824.	1,476,344.	1,116,445.	3,122,193.	8,141,253
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0
4	Total. Add lines 1-3	1,158,447.	1,267,824.	1,476,344.	1,116,445.	3,122,193.	8,141,253
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,					4,083,268
6	Public support. Subtract line 5 from line 4						4,057,985
Sec	tion B. Total Support	 	L	<u></u>		<u> </u>	4,037,963.
Cale	endar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	1,158,447.	1,267,824.	1,476,344.	1,116,445.	3,122,193.	8,141,253.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		1,731.	1,620.	114.	9,457.	12,922
9	Net income form unrelated business activities, whether or not the business is regularly carried on			-,000	Y		0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) See Part IV	25,313.	28,470.	16,829.	16,504.	3,896.	91,012.
11	Total support. Add lines 7 through 10		5				8,245,187.
12	Gross receipts from related activi	ities, etc. (see ins	tructions)		: 	12	901,283.
13	First five years. If the Form 990 organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)((3) ▶ □
Sec	tion C. Computation of Pub	olic Support Po	ercentage				
	Public support percentage for 200	•	•	e 11, column (f)		14	49.2%
15	Public support percentage for 200	07 Schedule A, Pa	art IV-A, line 26f			15	53.0%
16 a	33-1/3 support test — 2008. If the and stop here. The organization of	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization	the line 14 is 33-	1/3 % or more, ch	neck this box ► X
þ	33-1/3 support test — 2007. If the and stop here. The organization of	organization did qualifies as a publ	not check a box of licly supported org	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, cl	neck this box
17a	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	' test, check this t	oox and stop here	. Explain in Part	IV how
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar -circumstances' t	nd-circumstances' est The organiza	test, check this bation qualifies as	oox and stop here a publicly support	Explain in Part led organization.	IV how the ►
18 BAA	Private foundation. If the organization	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,			tructions D or 990-EZ) 2008

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

(Complete only if	you check	ea the box a	on line 9 of	(Part I)

Se	ction A. Public Support						
	endar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	O						
3							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7	Total. Add lines 1-5 a Amounts included on lines 1, 2, 3 received from disqualified persons						
	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	c Add lines 7a and 7b				ļ	<u> </u>	
8	Public support (Subtract line						
	7c from line 6.)]
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6			1			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add ins 9, 10c, 11, and 12)				4 1		
	First five years. If the Form 990 organization, check this box and			nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pub						
	Public support percentage for 20					15	%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inve	estment Incom	ne Percentage				
17	Investment income percentage for	or 2008 (line 10c, e	column (f) divided	d by line 13, colur	mn (f))	17	%
18	Investment income percentage fr	om 2007 Schedule	e A, Part IV-A, Iir	ne 27h		18	%
19a	33-1/3 support tests - 2008. If the o	rganization did not o	check the box on Ir	ne 14, and line 15 i	s more than 33-1/39	, and line 17 is no	t
	more than 33-1/3%, check this bo				•	•	P
	33-1/3 support tests - 2007. If th	e organization did	i not check a box	on line 14 or 19a	i, and line 16 is m	ore than 33-1/3%	and line 18
	is not more than 33-1/3%, check Private foundation. If the organiz	this box and stop	here. The organi	zation qualifies as	s a publicly suppor	rted organization	

Schedule A	(Form 990	or 990-E	Z) 2008	Movement	Strate	gy	Center		20-1037643	Page 4
Part IV	Suppler Part II, II	n ental Ir ne 17a	iformati or 17b;	on. Complet or Part III, Ii	e this pa ne 12. F	art to Provi	o provide de any ot	the explanatio her additional	20-1037643 n required by Part II, information. (see ins	line 10; tructions)
		-				•				
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			-							
										
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		·								

SCHEDULE D (Form 990)

Supplemental Financial Statements

2000

2008

OMB No. 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Name of the organization Employer Identification number Movement Strategy Center 20-1037643 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 3 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Yes No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8, 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

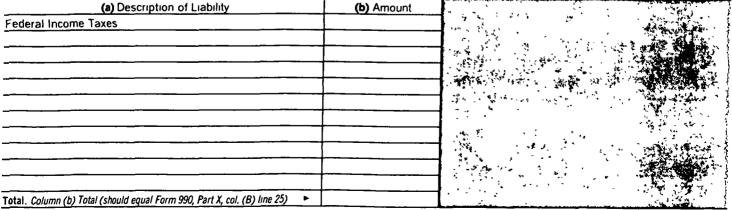
Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 Moves					<u> </u>			37643	Page 2
Part III. Organizations Mainta	<u>ining Coll</u>	lection:	s of Art, Hist	<u>torica</u>	<u>l Treasures, e</u>	or Other	<u>r Similar As</u>	ssets (cor	<u>ntınued)</u>
3 Using the organization's accession that apply)	on and other	r records	, check any of t	the foll	owing that are a	significar	it use of its co	ollection iten	ns (check all
a Public exhibition			d Loar	or ex	change programs	S			
b Scholarly research			e Othe	er					
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV	nization's co	ollections	s and explain ho	ow they	further the orga	anization's	s exempt purp	ose in	
5 During the year, did the organiza assets to be sold to raise funds r								Yes	No
Part IV. Trust, Escrow and Cu IV, line 9, or reported	stodial Ai an amour	rrangei nt on Fe	ments Comp orm 990, Pai	ilete i rt X, I	f organization ine 21.	answe	red 'Yes' to	Form 990), Part
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodi	ian, or of	ther intermedia	ry for c	ontributions or o	ther asse	ts not	Yes	□No
b If 'Yes,' explain the arrangement								□ .••	٠٠
			•	•				Amount	
c Beginning balance						10	С		
d Additions during the year						10	д		
e Distributions during the year						10	e		
f Ending balance						11	1		
2a Did the organization include an a	mount on F	orm 990.	Part X, line 21	?				Yes	No
b If 'Yes,' explain the arrangement								□ ···	
Part V Endowment Funds Co			ation answe	red 'Y	es' to Form 9	90. Par	t IV. line 10	5.	
	(a) Currer		(b) Prior ye		(c) Two years ba		Three years back		ır years back
1 a Beginning of year balance					1,46		Mr. C		
b Contributions			6 41 2 75 6		<u> </u>		3	. 23	
c Investment earnings or losses			A PARTY I		425			7 2 2	第二
d Grants or scholarships			100			**		3	
e Other expenditures for facilities and programs		-	THE						
f Administrative expenses					(1) margin (1)		14 22 . 3 12		
g End of year balance			<i>a</i>		1 * *>				-
2 Provide the estimated percentage	of the year	end bal	ance held as				<u> </u>		
a Board designated or quasi-endow			*						
b Permanent endowment ▶		8							
c Term endowment	8								
3a Are there endowment funds not in organization by	n the posses	ssion of t	the organization	n that a	re held and adm	ninistered	for the		es No
(i) unrelated organizations								3a(i)	
(ii) related organizations								3a(ii)	
b If 'Yes' to 3a(ii), are the related o	-		•					_3b	
4 Describe in Part XIV the intended									
Part VI Investments-Land, Bu	uidings, a			$\overline{}$					
Description of investment			t or other basis vestment)		Cost or other asis (other)	(c) De	epreciation	(d) Boo	k Value
1 a Land						·	* 7,		
b Buildings		<u></u>				<u></u>			
c Leasehold improvements		<u></u>							
d Equipment		<u></u>							
e Other					70,860.		48,997.		21,863.
Total Add lines 1a-1e (Column (d) sho	uld equal Fo	orm 990	Part X. column	(B) In	ne 10(c))			!	21 863

Schedule **D** (Form 990) 2008

Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15)

Part X, Other Liabilities (See Form 990, Part X, line 25)



In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sch	edule D (Form 990) 2008 Movement Strategy Center	20-1037643	Page
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	;	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,543,399
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,018,249
3	Excess or (deficit) for the year Subtract line 2 from line 1		1,525,150
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		1,525,150.
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements		3,546,902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	19-21	
ε	Net unrealized gains on investments	P .	
	Donated services and use of facilities 2b 3,50	3.1:	
(Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	3,503.
	Subtract line 2e from line 1		3,543,399.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		7 7
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		3,543,399.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
	Total expenses and losses per audited financial statements		2,021,752.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	100	
а	Donated services and use of facilities 2a 3,50	3.	
b	Prior year adjustments 2b		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	3,503.
3	Subtract line 2e from line 1	3 2	2,018,249.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	35	
а	Investments expenses not included on Form 990, Part VIII, line 7b		
Ь	Other (Describe in Part XIV)	, d	
c	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5 2	,018,249.
Par	XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part , Part X, Part XI, line 8, Part XIII, lines 2d and 4b, and Part XIII, lines 2d and 4b		
 		Schedule D (F	000 000
AA	TEEA3304L 12/23/08	Schedille D /F:	orm 99U) ンバル

Schedule D	Form 990) 2008 Supplemental Information (continued)	age
Part XIV	Supplemental Information (continued)	
		_
		- — -
		· - -
		. _ -
		_

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that 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.

OMB No 1545-0047

2008

Open to Public

Internal Revenue Service	<u> </u>		roiiii 33	V-EZ, F	Tre Joa C	77 40D.				Ľ.	NISħ	TCUUL	
Name of the organization							E	mployer	dentific	ation n	umber		
Movement Strat								20-10					
Part I Excess I To be com	Benefit Transactions the pleted by organizations the	s (sect at answ	ion 50 ered 'Ye	1(c)(3) s' on For	and section m 990, Part IV,	501(c) line 25a	(4) organi; or 25b, or Fo	zation rm 990	s onl EZ, Pa	y). art V, l	line 40		
	a) Name of disqualified person					(h) Docorro	tion of transaction					(c) Co	rrected
1 ((b) Descrip	tion of transaction	' 				Yes	No
	 -										_		
													<u> </u>
2 Enter the amount	t of tax imposed on the c	organiza	tion mar	nagers o	r disqualified p	ersons d	uring the vea	r unde	·			<u></u>	L
section 4958	t of tax <u>, if</u> any, on lin <u>e 2,</u>								► \$ ► \$			 _	
Part II Loans to	and/or From Interempleted by organization	sted P	erson	s.), Part IV,	line 2	6 or I	Form	990	-EZ,	 • •
(a) Name of interest	ed person and purpose	(b) Loan to or from				(d) Balance due		(e) In default?		(f) Approved by board or committee?		agreemen	
		То	From					Yes	No	Yes	No	Yes	No
					 -							-	-
								+		-	 	<u> </u>	-
Total					▶ \$, :	. (
Part III Grants o To be co	r Assistance Benefi mpleted by organiza	tting I tions t	nteres t that an	t ed Per swered	'sons. ''Yes' on Fo	rm 990), Part IV,	line 27	7.				
(a) Name of in	nterested person	0	b) Relations	ship betwee the orga	n interested person	and	(c)	Amount of	grant o	r type o	f assista	nce	
		ļ											
Part IV Business To be cor	Transactions Invol	ving I	nterest hat ans	ed Perswered	sons. 'Yes' on Fo	rm 990	, Part IV, I	ıne 28	a, 28	3b. o	r 28c		
	(a) Name of interested person (b) Relationsh interested per		lationship t	etween and the	(c) Amoun transaction	t of	T —	(d) Description of transaction				(e) Sharing of organization's revenues?	
							<u> </u>					Yes	No
Kimi Lee			Memb				Consult						Х
Mateo Nube		Key e	employ	ree	5	,400.	Rent pa:	id to	Wii	<u>fe</u>			<u>X</u>
											\dashv		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Employer identification number

Open to Public inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Movement Strategy Center	20-1037643
Form 990, Part III, Line 4d - Other Program Services Description	
Other_Programs:	
Alliance Building: MSC works with non-profit organization	s_to_build_shared,
long-term_strategies_to_accomplish_their_mission_and_goals	s in a way that enables
them to build on each other's strengths in a collaborative	e_way We_equipped_groups
with alliance building and planning tools to support allia	ances with assessing the
distinct stages of their work and organizational growth	The toolkit outlines the
key ingredients in each phase of the alliance building pro	ocess and our role as an
intermediary	
	·
Field Building: MSC aligns the work of foundations, donor	networks, individual
funders and community-based organizations to direct more	resources to social justice
organizing. We worked with foundations to design and publi	ish a series of major
research papers on the intersection of environmental and i	reproductive justice,
environmental justice and the Green Economy, Affirmative A	Action and a new framework
on racial justice movement building.	
Movement Sector Intensive: MSC builds the capacity of anch	or organizations in key
justice sectors and supports a critical mass of strong org	anizations that are
pursuing a shared long-term strategy and leading national	initiatives. We supported
the reproductive justice sector by facilitating a national	strategy_discussion_with
groups to sharpen and create a federal policy agenda. MSC	also_assisted_the
education justice groups nationwide to launch a new nation	al sector alliance to
impact_federal_education_policy	
Organizational Development: MSC provides tools training	ritual and ourriquium to

Spirit in Motion curriculum in our movement building work. MSC completed the first phase of a national field scan on transformational movement building, documenting how individual transformation is shaping organizational transformation and shifting overall movement culture.

Center for Media Justice: CMJ is a movement-building communications strategy and

advocacy center for grassroots leaders and organizations based in historically disenfranchised communities. Last year, CMJ increased the media capacity and strategy of the anti-displacement, youth rights, and immigrant rights sectors of the racial justice movement through convenings, trainings, and organizational development around communications.

Movement Generation: MG builds multi-issue alliances by connecting organizational leaders of racial justice and economic justice in the Bay Area. MG expanded the scope of its training & leadership development programs and built up its campaign-development and alliance-building work with Bay Area groups. MG also

After the 990 is completed by an independent accounting firm, it is reviewed internally then forwarded via email to the Chair of the Board of Directors. The Board Chair submits any questions or comments to the Managing Director and Executive Director for further clarification. Only after this review, and the resolution of any outstanding concerns, the accounting firm is given approval to finalize the return.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Movement Strategy Center (MSC) has a multi-level and multi-person review of any potential business relationship or potential employment. MSC actively reviews with and/or investigates the potential business relationship/employment to see if that prospect has any relation to a current staff, or Board member.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number 20-1037643
Movement Strategy Center	120-1037043
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for	r Officers & Key Employees
The Board of Directors reviews the salary of the Executi	ve Director
annually. This review includes a discussion of budget of	onstraints,
compensation packages for comparable positions and the p	erformance of the ED
in meeting organizational goals. The ED is removed from	all discussion and
voting that will determine his salary for the upcoming y	ear.

2008 Sc	hedule	A, Part I	V -	Suppler	ne	ental Inform	nation		Page
Client MSC07 Movement Strategy Center									20-103764
5/07/10	-		_		_			-	09 24
Part II, Line 10 - Other I	ncome								
Nature and Source		2008		2007		2006	2005	2	004
Miscellaneous	Total 🕏	3,896. 3,896.	\$	16,504. 16,504.	\$	16,829. 16,829.	28,470. 28,470.	\$	25,313. 25,313.

	(Rev 4-2009)		Page 2
•	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	-	► <u>[X]</u>
-	complete Part II if you have already been granted an automatic 3-month extension		rm 8868
If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no copie	es needed).
	Name of Exempt Organization	Employer ide	ntification number
Type or			
print	Movement Strategy Center	20-103	7643
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use of	only
File by the extended	Crosby & Kaneda, CPAs		
due date for filing the	1611 Telegraph Ave Ste 318		学学是对外发展工程的
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Oakland, CA 94612-2151		
Check type	e of return to be filed (File a separate application for each return)		
Form 9		Form 1041-A	Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
X Form 9		Form 5227	
	not complete Part II if you were not already granted an automatic 3-month ex		Form 8868.
	oks are in care of The Organization		
	one No ► 510-444-0640 FAX No ► 510-251-9	810	
•	rganization does not have an office or place of business in the United States,		▶ □
	s for a Group Return, enter the organization's four digit Group Exemption Nur		If this is for the
	p, check this box If it is for part of the group, check this box	· · · · · · · · · · · · · · · · · · ·	
Ū	he extension is for		
	uest an additional 3-month extension of time until 5/15 , 20_1	10	
	alendar year, or other tax year beginning 7/01, 20		. 20 09
6 If this	tax year is for less than 12 months, check reason [Initial return	Final return Change	e in accounting period
	in detail why you need the extension Taxpayer respectfully		
	her information necessary to file a complete and		
<i>32 =</i>			
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	ative tax, less any	
nonre	fundable credits. See instructions	8a	\$
paymo	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cents made. Include any prior year overpayment allowed as a credit and any after 8868.	redits and estimated tax imount paid previously	\$
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, of TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment)		\$
	Signature and Verification	1	
Under penalties	of perjury, I declare that I have examined this form, including accompanying schedules and statements inplete, and that I am authorized to prepare this form	s, and to the best of my knowledge and be	eliëf, it is true,
Signature	Crasbel & Cauda Title CPA'S		te > 2.10.10
	T T		

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545 1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization Employer identification number Type or print Movement Strategy Center 20-1037643 Number, street, and room or suite number. If a P.O. box, see instructions File by the due date for filing your return See 1611 Telegraph Avenue #510 City, town or post office, state, and ZIP code. For a foreign address, see instructions Oakland, CA 94612 Check type of return to be filed (file a separate application for each return) Form 990-T (corporation) X Form 990 Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 ● The books are in the care of ▶ Lewis Woods FAX No ► 510-251-9810 Telephone No. ► 510-444-0640 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 _ _ _ or X tax year beginning 7/01, 20 08, and ending 6/30, 20 092 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a \$ nonrefundable credits. See instructions 0. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 0. made. Include any prior year overpayment allowed as a credit 3ь c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 0. See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

payment instructions

Form 8868 (Rev 4-2009)