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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)

OMB No 1545-0047

Open to Public

Department of the Treasury

| Depa                    | rtment of the<br>lal Revenue | Service                                | ► The organization   | may have to use a copy of                                    | this return to satisf                       | fy state reporti       | ng requirements.            |                  | Inspection                     |
|-------------------------|------------------------------|--|--|--|---|------------------------|-----------------------------|------------------|--------------------------------|
| A                       | For the 2                    | 011 calenda                            | ar year, or tax year begin   | ning 7/01  | , 2011,                                     | and ending             | 6/30                        |                  | , 2012                         |
| B                       | Check if app                 | licable                                | C  |  |   |                        | D Employ                    | er Identi        | fication Number                |
| -                       | Address                      | s change                               | Movement Strateg   | y Center   |   |                        | 20-                         | 1037             | 643                            |
| _                       | Name o                       | change 4                               | 136 14th Street  | #500   |   |                        | E Telepho                   | ne numb          | per                            |
|                         | initial re                   | ı ıc                                   | Dakland, CA 9461   | 2  |   |                        | 510                         | -444             | -0640                          |
|                         | Termin                       |  |  |  |   |                        |                             |                  |                                |
|                         | <del></del> -                | ed return                              |  |  |   |                        | <b>G</b> Gross r            |                  | \$ 6,593,944                   |
|                         | <del></del>                  | <del>-</del> -                         | F Name and address of principa   | officer Taj Jame   |   | - T                    | H(a) Is this a group retur  |                  |                                |
|                         | Арриса                       |  | Same As C Above  | roncer la bame   | .5  |                        | H(b) Are all affiliates inc |                  | Yes A                          |
| -                       |                              |  |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                        | 4047(3)(1)                                  |                        | If 'No,' attach a list      |                  | tructions)                     |
| <u>!</u>                | Tax-exem                     |  | X 501(c)(3) 501(c) (   | ) (insert no)  | 4947(a)(1) or                               |                        |                             | _                |                                |
| <u></u>                 | Websit                       |  | .movementstrate  |  |   |                        | H(c) Group exemption n      |                  |                                |
| K                       |                              |  | X Corporation Trust  | Association Other ►  | <u> L`</u>                                  | Year of Formati        | on 2004 Ms                  | state of le      | egal domicile CA               |
| Pa                      |                              | Summary                                |  |  |   |                        |                             |                  |                                |
| Ì                       | 1 Brie                       | efly describe                          | e the organization's missi   | on or most significant                                       | t activities: $\underline{\mathtt{T}}$      | <u>ne Move</u> r       | <u>ent Strate</u> g         | <u>y_Çe</u>      | <u>nter works to</u>           |
| e l                     |                              |  | rogressive mover   |  |   |                        |                             |                  |                                |
| ğ                       |                              |  | ions, alliances  | and sectors t  | o be more                                   | strate                 | giccollab                   | rati             | ive_and                        |
| E                       |                              | stainab                                |  | <b></b>  |   |                        |                             |                  | . <b></b>                      |
| ۱۾                      |                              | eck this box                           |  | n discontinued its ope                                       |   | osed of mo             | re than 25% of its          | 1 - t            | sets                           |
| <u>ه</u> ا              |                              |  | ng members of the gover  |  | •   | . 11.3                 |                             | 3                |                                |
| 8                       |                              |  | ependent voting members  |  |   | -                      |                             | 4                | <del></del>                    |
| Activities & Governance |                              |  | of individuals employed in<br>of volunteers (estimate if                   |  | (Part V, line 2a                            | )                      |                             | 6                |                                |
| ¥                       |                              |  | I business revenue from I  |  | lino 12                                     |                        |                             | 7a               | <del> </del>                   |
| _ [                     |                              |  | business taxable income  |  |   |                        |                             | 7 b              |                                |
|                         | D Ne.                        | <u>uniciated i</u>                     | Justiness taxable income   | 110111 1 01111 330-1, IIIIe                                  |   |                        | Prior Year                  | <del>' '" </del> | Current Year                   |
| - 1                     | 8 Cor                        | ntributions a                          | and grants (Part VIII, line  | 16)  |   |                        | 2,843,6                     | 67               | 6,110,44                       |
| 9                       |                              |  | ce revenue (Part VIII, line  |  |   |                        | 432,5                       |                  | 471, 32                        |
| Revenue                 |                              | -                                      | ome (Part VIII, column (/  |  |   |                        | 452,                        | 109.             | 19:                            |
| è                       |                              |  | (Part VIII, column (A), lii  |  |   |                        |                             | 347.             | 11,98                          |
| -                       |                              |  | <ul> <li>add lines 8 through 11</li> </ul>                                 |  | •   | no 12)                 | 3,281,5                     |                  | 6,593,944                      |
| $\dashv$                |                              |  | nilar amounts paid (Part I   |  |   | 110 12)                | 321,0                       |                  | 904, 982                       |
|                         |                              |  | o or for members (Part I)  |  |   |                        | 321,                        | ,30.1            | 304, 304                       |
|                         | 14 Ber                       | nents paid to                          | or for members (Fart in  | A, column (A), line 4)                                       | 181   | 5-10).                 | 1 644 5                     | 161              | 2 165 623                      |
| ٠ <u> </u>              | <b>15</b> Sal                | iaries, otner                          | compensation, employed   | s pedenicilizati IV. 60                                      |   |                        | 1,644,7                     |                  | 3,165,631                      |
| 8                       | <b>16a</b> Pro               | ofessional fu                          | indraising fees (Part IX, o  | column (A), line 11e)  | 181   |                        | 44,                         | 95.              | 79,10                          |
| Expenses                | <b>b</b> Tot                 | al fundraisir                          | ng expenses (Part IX, col  | lumn (D) /lyje 25) ≥ .                                       | <del></del>                                 | 03,653.                |                             |                  |                                |
| o l                     | 17 Oth                       | ner expense                            | s (Part IX, column (A), I  | nes 11a-11d-111-24e  | V, U  |                        | 950,1                       | 79.              | 2,361,577                      |
|                         | <b>18</b> Tot                | al expenses                            | s. Add lines 13-17 (must   | equal Part IX, column  | (A), line 25)                               |                        | 2,960,                      |                  | 6,511,296                      |
|                         |                              | -                                      | expenses Subtract line 1   | •  | ( ),,                                       |                        | 320,                        |                  | 82,648                         |
| b 8                     |                              |  | <u></u>  | <u> </u>   |   |                        | Beginning of Currer         |                  | End of Year                    |
| 18                      | <b>20</b> Tot                | tal assets (P                          | Part X, line 16)   |  |   |                        | 2,100,9                     |                  | 2,241,97                       |
| \$0                     |                              | •                                      | (Part X, line 26)  |  |   |                        | 279, 1                      |                  | 337,52                         |
| Z.E.                    |                              |  | fund balances Subtract li  | .no 21 from line 20  |   |                        |                             | -                | 1,904,452                      |
|                         |                              |  |  | ne 21 nom me 20  |   |                        | 1,821,8                     | 04.              | 1,304,45                       |
|                         |                              | <u>Signature</u>                       |  |  |   |                        | <del></del>                 |                  |                                |
| Com                     | er penalties<br>plete Decla  | of perjury, I dec<br>ration of prepare | clare that I have examined this rel<br>er (other than officer) is based on | urn, including accompanying<br>all information of which pref | schedules and state<br>parer has any knowle | ements, and to<br>edge | the best of my knowledg     | e and bel        | lief, it is true, correct, and |
|                         |                              |  |  |  |   |                        | 510                         | 120              | 12                             |
| Sig                     |                              | Signature                              | d afficer  |  |   |                        | Date                        | 120              |                                |
| He                      | jii<br>re                    | Ta                                     | I James,   | Executive  | Direct                                      | or                     |                             |                  |                                |
| 110                     |                              | Type or p                              | ormit name and title   | <u> </u>   |   |                        |                             |                  |                                |
|                         |                              |  | eparer's name  | Prepare connature  |   | Date                   | I                           | <del>7.</del> T  | PTIN                           |
| _                       |                              | 1                                      | ·  | Preparers signature  | anela                                       | 5/1/                   | 13 Check                    | _  #             |                                |
| Pai                     |                              | Adele I                                |  | <u> </u>   | -,  | ا مار                  | self-employ                 | ed               | P01664922                      |
|                         | eparer                       | Firm's name                            | Crosby & Kan   |  |   |                        |                             |                  | _                              |
| US                      | e Only                       | Firm's addres                          |  |  | <u> </u>                                    |                        | Firm's EIN                  |                  |                                |
|                         |                              | <u> </u>                               | Oakland, CA  | <u>94612-2151</u>  |   |                        | Phone no                    | (510             |                                |
| May                     | the IRS                      | discuss this                           | s return with the preparer   | shown above? (see  | instructions)                               |                        |                             |                  | X Yes No                       |
| RΔ                      | A For Pa                     | nerwork Re                             | duction Act Notice, see  | the congrate instructi                                       | ons   | TEE                    | A0113L 08/18/11             |                  | Form <b>990</b> (20            |

|    |   |      | 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 (see instructions)?   | 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    |  | Х        |
| 4  | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II  | 4    | х                                      |          |
| 5  | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III   | 5    |  | Х        |
| 6  | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If '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    |  | Х        |
| 9  | Did the organization report an amount in Part X, line 21; 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    |  | Х        |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V  | 10   |  | Х        |
| 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  |      |  |          |
| i  | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  | 11a  | Х                                      |          |
|    | <b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° <i>If 'Yes,' complete Schedule D, Part VII.</i>   | 11b  | »————————————————————————————————————— | Х        |
| ,  | c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII  | 11 c |  | X        |
| ,  | d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .  | 11 d |  | <u>X</u> |
|    | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |  | X        |
|    | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.   | 11f  | Х                                      |          |
|    | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII   | 12a  | _x                                     |          |
|    | <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional   | 12b  |  | Х        |
|    | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |  | X        |
|    | a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |  | Х        |
|    | b 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  |  | 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, Parts II and IV   | 15   |  | Х        |
| 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, Parts III and IV   | 16   |  | Х        |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)   | 17   | х                                      |          |
| 18 | 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  | 18   |  | Х        |
|    | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  | 19   |  | Х        |
| 20 | aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H  | 20   |  | X        |
|    | <b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20 b |  |          |

Form 990 (2011) Movement Strategy Center

Part IV Checklist of Required Schedules (continued)

|             |  |           | Yes   | No         |
|-------------|--|-----------|-------|------------|
| 21          | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II   | 21        | X     |            |
| 22          | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III  | 22        | Х     |            |
| 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 employees? <i>If 'Yes,' complete Schedule J</i>  | 23        |       | x          |
| 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 lines 24b through 24d and complete Schedule K. If 'No,'go to line 25   | 24a       |       | х          |
| ı           | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |       |            |
| •           | c 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       |       |            |
| •           | d 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       |       | х          |
| 1           | b 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? If 'Yes,' complete Schedule L, Part I  | 25b       |       | x          |
| 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III                          | 27        |       | X          |
| 28          | instructions for applicable filing thresholds, conditions, and exceptions)   |           |       |            |
| 4           | a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | 28a       | X     |            |
| ı           | <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>   | 28b       | _     | X          |
| 29          | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 28c<br>29 |       | <u>X</u>   |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M   | 30        |       | Х          |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I   | 31        |       | X          |
| 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        |       | _X_        |
| 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        |       | <b>X</b> _ |
| 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          |
| <b>35</b> a | a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |       | Х          |
| ı           | <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes;' complete Schedule R, Part V, line 2   | 35b       |       | X          |
| 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        |       | X          |
| 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        |       | <u>X</u>   |
| 38          | Note. All Form 990 filers are required to complete Schedule O  | <b>38</b> | х     |            |
| BAA         | 4  | Form      | 990 ( | 2011)      |

Form 990 (2011) Movement Strategy Center

Part V Statements Regarding Other IRS Filings and Tax Compliance

|     | Check if Schedule O contains a response to any question in this Part V  |  |            |                |             |
|-----|---|--|------------|----------------|-------------|
|     |   |  |            | Yes            | No          |
| 1 a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1a 82  | 3          | : <del>"</del> |             |
|     | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   | 1b 0   |            | ٠,             |             |
|     | Did the organization comply with backup withholding rules for reportable payments to vendor   | s and reportable gamino  | نفت        | -1 /           |             |
| -   | (gambling) winnings to prize winners?   | ;  | 1c         | Χ              |             |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-  |  |            | े स.<br>. इं.  |             |
| _   | ments, filed for the calendar year ending with or within the year covered by this return  |  | 4.₹.<br>2b | X              |             |
|     | If at least one is reported on line 2a, did the organization file all required federal employmen <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in             |  | _          | নুহ ব          | •           |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year  | ľ  | 3a         | <u> </u>       | X           |
|     | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q   | 1 ;  | 3b         |                |             |
|     | •   |  | -30        |                |             |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi                            | nancial account)?  | 4a         |                | <u>X</u>    |
|     | If 'Yes,' enter the name of the foreign country: ▶  |  |            |                | •           |
|     | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F  | ľ  |            |                |             |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax   | · ·  | 5a         |                | X           |
|     | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt   | er transaction?  | _5b        |                | X           |
| С   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.   | ļ  | 5c         |                |             |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?  | nd did the organization  | 6a         |                | x           |
| b   | If 'Yes,' did the organization include with every solicitation an express statement that such conditax deductible?  | ontributions or gifts were   | 6ь         |                |             |
| 7   | Organizations that may receive deductible contributions under section 170(c).   |  |            |                | }           |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?  | artly for goods and  | 7a         |                |             |
| ь   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   |  | 7b         |                |             |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for wiferm 8282?  | hich it was required to file   | 7.0        |                |             |
| d   | If 'Yes,' indicate the number of Forms 8282 filed during the year   | 7d   | 7c         |                | X           |
|     | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal   |  | 7e         |                | X           |
|     | Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben  | The state of the s | 71         |                | X           |
|     | If the organization received a contribution of qualified intellectual property, did the organization  | · · · · · · · · · · · · · · · · · · ·  |            |                | <del></del> |
| Ĭ   | as required?  |  | _7g        |                |             |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?  | organization file a  | 7h         |                | -           |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year? | ng organizations. Did the ave excess business  | /<br>8     |                |             |
| 9   | Sponsoring organizations maintaining donor advised funds.   | ļ  |            |                | 1           |
|     | Did the organization make any taxable distributions under section 4966?   | Ì  | 9a         |                |             |
|     | Did the organization make a distribution to a donor, donor advisor, or related person?  |  | 9Ь         |                |             |
|     | Section 501(c)(7) organizations. Enter:   |  |            |                |             |
|     | Initiation fees and capital contributions included on Part VIII, line 12  | 10a  | İ          |                |             |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10Ь  |            | - 1            | 1           |
| 11  | Section 501(c)(12) organizations. Enter   |  | Ì          | . ]            |             |
| _   | Gross income from members or shareholders   | 11 a   |            |                |             |
|     | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 11 Б   |            |                |             |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o  |  | 12a        |                | ļ           |
|     | of Yes,' enter the amount of tax-exempt interest received or accrued during the year  | 12b  | -          | į              |             |
|     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |  |            |                |             |
| а   | Is the organization licensed to issue qualified health plans in more than one state?  |  | 13a        |                | <del></del> |
|     | Note. See the instructions for additional information the organization must report on Schedu  | le U.  |            |                | 1           |
| ь   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | 13ь  |            |                | 1           |
| C   | Enter the amount of reserves on hand  | 13c  |            |                | لُــــل     |
|     | Did the organization receive any payments for indoor tanning services during the tax year?  |  | 14a        |                | Х           |
| ь   | of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in  | Schedule Q   | 14b        |                | L           |

BAA

Form 990 (2011)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

| <u> </u>   | ction A. Governing body and management  |          |          |        |  |  |  |  |
|--|---|----------|----------|--------|--|--|--|--|
|  |   |          | Yes      | No     |  |  |  |  |
| 1  | a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members   |          |          |        |  |  |  |  |
|  | of the governing body, or if the governing body delegated broad   |          |          |        |  |  |  |  |
|  | authority to an executive committee or similar committee, explain in Schedule O.  |          |          |        |  |  |  |  |
|  | <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  1b  3  |          |          |        |  |  |  |  |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?  | 2        |          | Х      |  |  |  |  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?   | 3        |          | Х      |  |  |  |  |
| 4  | Did the organization make any significant changes to its governing documents  |          |          | v      |  |  |  |  |
| _  | since the prior Form 990 was filed? .   | 4        |          | X      |  |  |  |  |
| 5  | ,   | <u>5</u> |          | X      |  |  |  |  |
| -  | Did the organization have members or stockholders?  | °        |          | ^      |  |  |  |  |
| 7  | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more<br>members of the governing body?   | 7a       |          | х      |  |  |  |  |
|  | <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?  | 7Ь       |          | Х      |  |  |  |  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |          |          |        |  |  |  |  |
|  | a The governing body?   | 8a       | Х        |        |  |  |  |  |
|  | <b>b</b> Each committee with authority to act on behalf of the governing body?  | 8b       | X        |        |  |  |  |  |
| 9  | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O  | 9        |          | х      |  |  |  |  |
| <u>Se</u>  | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |          |          |        |  |  |  |  |
|  |   |          | Yes      | No     |  |  |  |  |
|  | a Did the organization have local chapters, branches, or affiliates?  | 10a      |          | X      |  |  |  |  |
|  | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b      |          |        |  |  |  |  |
| 11   | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a      | X        |        |  |  |  |  |
|  | <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O  |          | <u> </u> |        |  |  |  |  |
|  | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13   | 12a      | <u>X</u> |        |  |  |  |  |
|  | <b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      | X        |        |  |  |  |  |
|  | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  See Schedule O   | 12c      | х        |        |  |  |  |  |
| 13   | Did the organization have a written whistleblower policy?   | 13       | X        |        |  |  |  |  |
| 14   | Did the organization have a written document retention and destruction policy?  | 14       | X        |        |  |  |  |  |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | -        |          |        |  |  |  |  |
|  | a The organization's CEO, Executive Director, or top management official See Schedule Q   | 15a      | X        |        |  |  |  |  |
|  | <b>b</b> Other officers of key employees of the organization See Schedule O   | 15b      | X        |        |  |  |  |  |
|  | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)   |          |          | 4      |  |  |  |  |
| 16   | a 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      |          | Х      |  |  |  |  |
|  | b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b      | 1 . A    |        |  |  |  |  |
| Se   | ction C. Disclosure   |          |          |        |  |  |  |  |
| 17   | List the states with which a copy of this Form 990 is required to be filed <b>CA</b>  |          |          |        |  |  |  |  |
| 18   | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection indicate how you make these available. Check all that apply   | vaılab   | e for    | public |  |  |  |  |
|  | Own website X Another's website X Upon request  |          |          |        |  |  |  |  |
| 19   | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.  See Schedule O   |          |          |        |  |  |  |  |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the orç ► Sihle Dinani 436 14th Street, Suite 500 Oakland CA 94612 510-444-0640 |   |          |          |        |  |  |  |  |

TEEA0106L 01/23/12

| Form <b>990</b> ( | (2011) | Movement | Strategy | Center |
|-------------------|--------|----------|----------|--------|
|                   |        |          |          |        |

20-1037643

Page **7** 

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

Check if Schedule O contains a response to any question in this Part VII

#### ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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 neither the organizatio | n nor any  | relate                              | d or                      | gan                              | ızat                              | ion co                        | mpe         | ensated any current of              | fficer, director, or trus                              | itee   |
|---|--|-------------------------------------|---------------------------|----------------------------------|-----------------------------------|-------------------------------|-------------|-------------------------------------|--|--|
| •   |  |                                     |                           | ((                               |                                   |                               |             |                                     |  |  |
| (A)<br>Name and title                     | (B) Average hours per week   |                                     | ot che<br>ss per<br>and a | Posi<br>ck mo<br>son is<br>direc | tion<br>ore the<br>both<br>tor/tr | an one<br>h an offi<br>ustee) | box,<br>cer | (D)  Reportable compensation from   | (E) Reportable compensation from related organizations | (F) Estmated amount of other compensation                |
|   | (describe<br>hours for<br>related<br>organiza-<br>tions in<br>Schedule<br>O) | individual trustee ,<br>or director | Institutional trustee     | Officer                          | Key employee                      | Highest compensated employee  | Former      | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC)               | from the<br>organization<br>and related<br>organizations |
| (1) Maryanne Manilov                      |  |                                     |                           |                                  |                                   | •                             |             |                                     | ·  |  |
| Board Chair                               | 1  | Х                                   |                           | Х                                |                                   |                               |             | 15,000.                             | 0.   | 0.   |
| (2) Eveline Shen                          | _  |                                     |                           |                                  |                                   |                               |             | _                                   | _  | _  |
| Secretary                                 | 1  | Х                                   | igspace                   | X                                |                                   |                               |             | 0.                                  | 0.   | 0.   |
| _(3)_Alvin_Starks                         |  | .,                                  |                           | .,                               |                                   |                               |             |                                     | •  | •  |
| Treasurer                                 | 1  | Х                                   | $\vdash$                  | Х                                |                                   | _                             | _           | 0.                                  | 0.   | 0.   |
| (4) Sarah Alvarez Board Member            | 1  | Х                                   |                           |                                  |                                   |                               |             | 1,725.                              | 0.   | 0.   |
| (5) Taj James                             | 40   | x                                   |                           | х                                |                                   |                               |             | 07.265                              | 0.   | 0 175  |
| Executive Dir. (6) Sihle Dinani           | 40   | <del>  ^</del>                      |                           | ^                                |                                   |                               |             | 87,365.                             | 0.   | 9,175.   |
| Finance Dir.                              | 40   |                                     |                           | Х                                |                                   |                               |             | 67,231.                             | 0.   | 9,041.   |
|   |  |                                     |                           |                                  |                                   |                               |             |                                     |  |  |
| _(8)                                      |  |                                     |                           |                                  |                                   |                               |             |                                     |  | -  |
| _(a)                                      |  |                                     |                           |                                  |                                   |                               |             |                                     |  |  |
| (10)                                      |  |                                     |                           |                                  |                                   |                               |             |                                     |  | ,  |
| <u>(11)</u>                               |  |                                     |                           |                                  |                                   |                               |             |                                     |  |  |
| <u>(12)</u>                               |  |                                     |                           |                                  |                                   |                               |             |                                     |  |  |
| (13)                                      | -  |                                     |                           |                                  |                                   |                               |             |                                     | <u> </u>   |  |
| (14)                                      |  |                                     |                           |                                  |                                   |                               |             |                                     |  |  |
|   |  |                                     | _                         |                                  |                                   |                               |             |                                     |  |  |

| Part VII Section A. Officers, Directors, Trust  | ees, I   |               |                                     |              |  |                                 |               | l Highest Com                            | loyees (cont)                            |               |                                      |                 |
|---|--|---------------|-------------------------------------|--------------|--|---------------------------------|---------------|--|--|---------------|--------------------------------------|-----------------|
| (A)   |  |               | Position do not check more than one |              |  |                                 |               | (D)                                      | Œ)                                       |               | (F)                                  |                 |
| (A)<br>Name and title   | (B)<br>Average<br>hours<br>per   | offic         | , unle<br>cer ar                    | ss pe        | rson   | tnan<br>is bot<br>or/trus       | h an          | Reportable compensation from             | Reportable compensation from             | amou          | stimated<br>int of othe<br>pensation |                 |
|   | week<br>(describ<br>e<br>hours<br>for<br>related<br>organi-<br>zations | or dire       | Institu                             | Officer      | Keye   | Highe                           | Former        | the organization<br>(W-2/1099-MISC)      | related organizations<br>(W-2/1099-MISC) | frorg         | om the<br>anization<br>d related     |                 |
|   | hours<br>for<br>related  | dual tra      | nstitutional                        |              | Key employee                                 | Highest compensated<br>employee | ¤             |  |  |               | anizations                           |                 |
|   | organi-<br>zations<br>in   | rstee         | trustee                             |              | #  | pensa                           |               |  |  |               |                                      |                 |
|   | Sch O)   |               | •                                   |              |  | <u>a</u>                        |               |  |  |               |                                      |                 |
| (15)  |  |               |                                     |              |  |                                 |               |  |  |               |                                      |                 |
| (16)  |  |               |                                     |              |  |                                 |               |  |  |               |                                      |                 |
| <u>(ZI)</u>   |  |               |                                     |              |  |                                 |               |  |  |               |                                      |                 |
| (8)   |  |               |                                     |              |  |                                 |               |  |  |               |                                      |                 |
| (19)  |  |               |                                     |              |  |                                 |               |  |  |               | _                                    |                 |
| <u>(20)</u>   |  |               |                                     |              |  |                                 |               |  | <del></del>                              |               |                                      | ,               |
| (21)  |  |               |                                     |              |  |                                 |               |  |  |               | <del></del>                          |                 |
| (22)  |  |               |                                     |              |  |                                 |               |  |  |               | <u>.</u>                             |                 |
| (23)  |  |               |                                     |              |  | -                               |               |  |  |               |                                      |                 |
| (24)  |  |               |                                     |              |  |                                 |               |  |  |               |                                      |                 |
| (25)  |  |               |                                     |              |  |                                 |               |  |  |               | _                                    |                 |
| 1 b Sub-total   | 1  |               |                                     |              | <u>.                                    </u> | <u> </u>                        | <b>&gt;</b>   | 171,321.                                 | 0.                                       |               | 18,21                                |                 |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)   | A  |               |                                     |              |  |                                 | <b>&gt;</b>   | 0.<br>171,321.                           | 0.<br>0.                                 | 1             | 18,21                                | <u>0.</u><br>16 |
| Total number of individuals (including but not limite   | d to th  | ose           | liste                               | d ab         | ove  | ) wh                            | o re          | •  |  |               |                                      |                 |
| from the organization   0   |  |               |                                     |              |  |                                 |               |  |  |               | Yes                                  | No              |
| 3 Did the organization list any former officer, director  |  |               | key                                 | em           | ploy   | ee,                             | or h          | ighest compensat                         | ed employee                              | ــهــ         | les                                  | ·               |
| on line 1a? If 'Yes,' complete Schedule J for such i  |  |               |                                     |              |  |                                 |               |  |  | 3             |                                      | X               |
| 4 For any individual listed on line 1a, is the sum of re<br>the organization and related organizations greater t<br>such individual | portab<br>than \$1   | e cc<br>50,0  | ompe<br>100?                        | ensa<br>If " | rion<br>Yes'                                 | con                             | n otr         | le Schedule J for                        | rrom                                     | 4             |                                      | X               |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'                        | comper   | satio         | on fr                               | om           | any  | unre                            | elate         | ed organization or                       | ındıvıdual                               | 5             |                                      | X               |
| Section B. Independent Contractors  |  |               |                                     |              |  |                                 |               |  | <del></del>                              | . 1 3         |                                      | <u>^</u>        |
| 1 Complete this table for your five highest compensation from the organization. Report compensation.                                | ted ind  | eper<br>1 for | iden<br>the                         | t co<br>cale | ntra<br>enda                                 | ctors<br>r ye                   | s tha<br>ar e | at received more t<br>nding with or with | han \$100,000 of<br>in the organization  | 's tax ye     | ar.                                  |                 |
| (A) Name and business addres  | ss   |               |                                     |              |  |                                 |               | Description                              | )<br>of services                         | Compe         | C)<br>insation                       | l               |
|   |  |               |                                     |              |  |                                 |               |  |  | -             |                                      |                 |
|   |  |               |                                     |              |  |                                 |               |  |  |               |                                      |                 |
|   |  |               |                                     | _            |  |                                 |               |  |  |               |                                      |                 |
|   |  |               |                                     |              |  |                                 | _             |  |  |               |                                      | —               |
| 2 Total number of independent contractors (including  |  | t lırr        | nited                               | to t         | hos  | e lis                           | ted a         | above) who receiv                        | red more than                            | <del></del> - |                                      |                 |
| \$100,000 in compensation from the organization >   | 0  |               |                                     |              |  |                                 |               |  |  |               |                                      |                 |

| rai   | t vin   Statement of Revenue  | (A)<br>Total revenue                 | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|--------------------------------------|--|---|---|
| CONTRIBUTIONS, GIFTS, GRANTS<br>AND OTHER SIMILAR AMOUNTS | 1a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) 1 136,850.  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f*  b Total Add lines 1a-1f | 6.110.446                            |  |   |   |
| $\overline{}$   | h Total. Add lines 1a-1f  Business Code   | 6,110,446.                           |  |   |   |
| PROGRAM SERVICE REVENUE                                   | 2a Consulting fees  | 471,326.                             | 471,326.                               |   | <del> </del>  |
| <u> </u>  | b   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |   |   |
| 3   | c   |                                      |  |   |   |
| SE  | d   |                                      |  |   |   |
| Σ   | e   |                                      |  |   |   |
| 8   | f All other program service revenue   |                                      |  |   | ٠,  |
| <u>*</u>  | g Total. Add lines 2a-2f ►  | 471,326.                             |  |   | <u> </u>  |
|   | <ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>   | 191.                                 |  |   | 191.  |
| i   | 5 Royalties   |                                      |  |   |   |
|   | (i) Real (ii) Personal  |                                      |  |   |   |
|   | 6a Gross rents  |                                      | i                                      |   |   |
| ļ   | <b>b</b> Less: rental expenses  |                                      |  |   |   |
|   | c Rental income or (loss)   |                                      |  |   | ·   |
|   | d Net rental income or (loss)   |                                      |  |   |   |
|   | 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other   |                                      |  |   |   |
|   | b Less: cost or other basis and sales expenses  |                                      |  |   |   |
|   | c Gain or (loss)  |                                      |  |   | <del> </del> 5  |
|   | d Net gain or (loss)  |                                      |  |   | ļ <sub>1</sub>  |
| ENGE  | 8a Gross income from fundraising events (not including \$   |                                      |  |   |   |
| OTHER REVEN   | of contributions reported on line 1c) See Part IV, line 18  | İ                                    |  |   |   |
| 띭   | b Less direct expenses b  | į                                    |  |   |   |
| 6   | c Net income or (loss) from fundraising events  |                                      | Ì                                      | ······································  | 1   |
|   | 9a Gross income from gaming activities.<br>See Part IV, line 19   |                                      |  |   |   |
|   | b Less direct expenses b  |                                      |  |   |   |
|   | c Net income or (loss) from gaming activities   |                                      |  |   |   |
|   | 10 a Gross sales of inventory, less returns and allowances  |                                      |  |   | ,   |
|   | <b>b</b> Less cost of goods sold <b>b</b>   |                                      |  |   |   |
|   | c Net income or (loss) from sales of inventory  |                                      |  | _ <del></del>                           |   |
|   | Miscellaneous Revenue Business Code   |                                      |  |   |   |
|   | 11a Miscellaneous   | 11,981.                              |  |   | 11,981.   |
|   | b   |                                      |  |   | <del> </del>  |
|   | ·   | -                                    |  |   | <del> </del>  |
|   | d All other revenue   | 11 001                               |  |   | <del> </del>  |
|   | e Total. Add lines 11a-11d  | 11,981.                              | A71 22C                                |   | 10 170  |
|   | 12 Total revenue. See instructions  | 6,593,944.                           | 471,326.                               | 0.                                      | 12,172.   |

#### 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)

|           | Check if Schedule O contains a re   | sponse to any question |                                     | <del>,</del>                        |                                       |
|-----------|---|------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Do<br>6b, | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses  | <b>(B)</b> Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1         | Grants and other assistance to governments and organizations in the United States See Part IV, line 21  | 814,505.               | 814,505.                            |                                     | and the                               |
| 2         | Grants and other assistance to individuals in the United States See Part IV, line 22  | 90,477.                | 90,477.                             |                                     |                                       |
| 3         | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16   |                        |                                     |                                     |                                       |
| 4         | Benefits paid to or for members   |                        |                                     |                                     | 100                                   |
| 5         | Compensation of current officers, directors, trustees, and key employees  | 191,125.               | 90,857.                             | 68,098.                             | 32,170.                               |
| 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.   | 2,493,571.             | 2,090,627.                          | 157,185.                            | 245,759.                              |
| 8         | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  |                        |                                     |                                     |                                       |
| 9         | Other employee benefits.  | 245,986.               | 210,844.                            | 13,279.                             | 21,863.                               |
| 10        | Payroll taxes   | 234,949.               | 193,571.                            | 18,226.                             | 23,152.                               |
| 11        | Fees for services (non-employees).  |                        |                                     |                                     |                                       |
|           | a Management  |                        |                                     |                                     |                                       |
|           | <b>b</b> Legal  | 19,312.                | 1,325.                              | 17,553.                             | 434.                                  |
|           | c Accounting  | 7,730.                 |                                     | 7,730.                              |                                       |
|           | d Lobbying  | -                      |                                     |                                     |                                       |
|           | e Professional fundraising services. See Part IV, line 17   | 79,106.                |                                     |                                     | 79,106.                               |
|           | f Investment management fees  |                        |                                     |                                     |                                       |
|           | <b>g</b> Other  | 1,292,676.             | 1,191,038.                          | 91,035.                             | 10,603.                               |
| 12        | Advertising and promotion   | 36,423.                | 33,213.                             | 134.                                | 3,076.                                |
| 13        | Office expenses   | 149,134.               | 100,901.                            | 28,035.                             | 20,198.                               |
| 14        | Information technology  | 27,306.                | 19,835.                             | 2,782.                              | 4,689.                                |
| 15        | Royalties   |                        |                                     |                                     |                                       |
| 16        | Occupancy   | 172,239.               | 140,794.                            | 15,154.                             | 16,291.                               |
| 17        | Travel  | 300,528.               | 271,998.                            | 6,184.                              | 22,346.                               |
| 18        | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                        |                                     |                                     |                                       |
| 19        | Conferences, conventions, and meetings  | 117,393.               | 101,372.                            | 3,123.                              | 12,898.                               |
| 20        |   |                        |                                     |                                     |                                       |
| 21        | Payments to affiliates  |                        |                                     |                                     |                                       |
| 22        |   | 16,433.                | 13,664.                             | 1,351.                              | 1,418.                                |
| 23        |   | 22,738.                | 16,986.                             | 3,788.                              | 1,964.                                |
| 24        | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                        |                                     |                                     |                                       |
|           | a Video, photo, and audio   | 101,615.               | 101,225.                            | 47.                                 | 343.                                  |
|           | b Printing and Publications   | 55,011.                | 52,997.                             | 742.                                | 1,272.                                |
|           | c Staff Development   | 29,665.                | 24,394.                             | 3,026.                              | 2,245.                                |
|           | d Miscellaneous   | 13,374.                | 9,304.                              | 244.                                | 3,826.                                |
|           | e All other expenses  |                        |                                     |                                     |                                       |
| 25        | Total functional expenses. Add lines 1 through 24e  | 6,511,296.             | 5,569,927.                          | 437,716.                            | 503,653.                              |
| 26        | the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation   |                        |                                     |                                     |                                       |
|           | Check here ► X if following   | !                      |                                     |                                     |                                       |
|           | SOP 98-2 (ASC 958-720)  | <u>'.</u>              |                                     | <u> L</u>                           | <u> </u>                              |

Part X Balance Sheet

BAA

Form 990 (2011)

(A) Beginning of year (B) End of year 1 156, 183. Cash - non-interest-bearing 2 490,662. 2 Savings and temporary cash investments 1,181,802 1,166,500. 3 Pledges and grants receivable, net 840,350. 3 332,187. 22,799. 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 23,638 9 42,462 10 a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 70,478 37,012 20,065. 33,466. 10b 10 c b Less accumulated depreciation. 11 Investments - publicly traded securities. 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 12,314. 15 20,519. 15 Other assets See Part IV, line 11 2,100,968. 16 2,241,979 16 Total assets. Add lines 1 through 15 (must equal line 34) 279,164. 17 Accounts payable and accrued expenses 17 337,52 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. 279,164. 26 337,527. 26 Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. 129,553. 472,669. 27 27 Unrestricted net assets 1,349,135 774,899 28 28 Temporarily restricted net assets 29 Permanently restricted net assets P Organizations that do not follow SFAS 117, check here lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds 32 1,821,804 33 1,904,452 33 Total net assets or fund balances 2,100,968 2,241,979. Total liabilities and net assets/fund balances 34

| Form  | 990 (2011) Movement Strategy Center   | 20-103764        | 3 Page       | 12   |
|---|---|------------------|--------------|--|
| Par   | Reconciliation of Net Assets  |                  | <del> </del> | <del></del>                                  |
|   | Check if Schedule O contains a response to any question in this Part XI   |                  | . [          | ٦  |
|   |   |                  | <b>-</b>     |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1                | 6,593,944    | 1.   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2                | 6,511,29     | <u>5</u> .                                   |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3                | 82,648       | ₹.   |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  | 4                | 1,821,804    | <u>.                                    </u> |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)  | 5                | (            | <u>).</u>                                    |
| 6   | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))   | 6                | 1.904.452    | <u> </u>                                     |
| Par   | TXII Financial Statements and Reporting   |                  |              | <u> </u>                                     |
|   |   |                  | ſ            | ٦  |
|   |   |                  | Yes N        | <u>~</u>                                     |
| 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 1,904,49  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII   |   | <b>FR 40</b> 7   |              |  |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990  Cash  X Accrual  Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant? |   |                  |              |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   | •                | 2a X         | _  |
| b   | Were the organization's financial statements audited by an independent accountant?  |                  | 2b X         | _  |
| c   | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant? | ht of the audit, | 2c X         | _  |
|   | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |                  |              |  |
| d   | If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:  | e issued on a    |              |  |
|   | X Separate basis Consolidated basis Both consolidated and separate basis  |                  |              |  |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?   | n the Single     | 3a >         | 7  |

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011)

BAA

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047



|            | the organization  |   |  |                                    |   |                          |  | Employer              | identificat                     | ion number                  |                            |  |
|------------|---|---|--|------------------------------------|---|--------------------------|--|-----------------------|---------------------------------|-----------------------------|----------------------------|--|
| Move       | ment Strategy C   | Center  |  |                                    |   |                          |  | 20-10                 | )37 <u>643</u>                  | 3                           |                            |  |
| Part       | Reason for Publ   | ic Charity Status   | (All organizations   | must c                             | omple   | te this                  | part.)   | See II                | nstructi                        | ions.                       |                            |  |
| The or     | ganization is not a priva   | te foundation because                                       | e it is. (For lines 1 thro   | ugh 11,                            | check o   | nly one                  | box.)  |                       |                                 |                             |                            |  |
| 1          | A church, convention  | of churches or assoc  | ciation of churches desc   | cribed in                          | section   | 170(b)                   | (i)(A)(i)                                      | •                     |                                 |                             |                            |  |
| 2          | À school described in   | section 170(b)(1)(A)  | (ii). (Attach Schedule E   | Ξ.)                                |   |                          |  |                       |                                 |                             |                            |  |
| 3          | A hospital or a coope   | erative hospital service                                    | e organization describe  | d in sec                           | tion 170  | )(b)(1)(A                | ()(iii).                                       |                       |                                 |                             |                            |  |
| 4          | A medical research of   | organization operated                                       | in conjunction with a h  | ospital o                          | describe  | d in sec                 | tion 17  | )(b)(1)(A             | <b>XXIII)</b> En                | nter the hos                | spital's                   |  |
| '          | name, city, and state   | :   | •  | •                                  |   |                          |  |                       | • •                             |                             | •                          |  |
| 5          | An organization oper 170(b)(1)(A)(iv). (Co.   | ated for the benefit of mplete Part II)                     | f a college or university  | owned                              | or oper   | ated by                  | a gover  | nmenta                | unit des                        | scribed in s                | section                    |  |
| 6          |   |   | overnmental unit descri  |                                    |   |                          |  |                       |                                 |                             |                            |  |
| ,          | in section 170(b)(1)(/  | <b>A)(vi).</b> (Complete Par                                |  |                                    | _   | vernme                   | ntal uni                                       | or from               | n the ger                       | neral public                | described                  |  |
| <b>8</b>   |   |   | <b>'0(b)(1)(A)(vi).</b> (Comple  |                                    |   |                          |  |                       |                                 |                             |                            |  |
| 9          | An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross 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.) |   |  |                                    |   |                          |  |                       |                                 |                             |                            |  |
| 10         | An organization orga  | nized and operated e  | xclusively to test for pu  | ıblıc safe                         | ety. See  | section                  | 509(a)   | (4).                  |                                 |                             |                            |  |
| 11         | more publicly suppor<br>describes the type of   | ted organizations des<br>supporting organizat               | xclusively for the benet<br>cribed in section 509(a<br>ion and complete lines                        | fit of, to<br>(1) or s<br>11e thro | perform<br>section 5<br>ough 11   | the fun<br>09(a)(2)<br>h | ctions o<br>). See <b>s</b>                    | f, or car<br>ection s | rry out th<br>509(a)(3)         | ne purpose<br>. Check th    | s of one or<br>le box that |  |
| i          | <b>a</b> Type I   | <b>b</b> Type Ⅱ   | c Type III   |                                    | •   |                          |  |                       | d 📋                             | Type III -                  |                            |  |
| е          | By checking this box other than foundation section 509(a)(2).   | , I certify that the organisms and other managers and other | anization is not controll<br>than one or more pub  | led direc<br>licly sup             | tly or in<br>ported o   | directly<br>organiza     | by one<br>tions de                             | or more<br>escribed   | disquali<br>in section          | ified persoi<br>on 509(a)(1 | ns<br>I) or                |  |
| f          | If the organization re check this box   | ceived a written deter                                      | rmination from the IRS   | that is a                          | Type I  | Type II                  | or Type  | e III sup             | porting (                       | organizatio                 | n, 🔲                       |  |
| 9          | Since August 17, 200  | 06, has the organization                                    | on accepted any gift o   | r contrib                          | ution fro   | om any                   | of the fo                                      | ollowing              | persons                         | ?                           |                            |  |
|            |   |   |  |                                    |   |                          |  |                       |                                 |                             | Yes No                     |  |
|            | below, the gove   | erning body of the sur                                      | ontrols, either alone or opported organization?  | together                           | with pe   | ersons d                 | escribe  | d in (ii)             | and (III)                       | 11 g (i)                    |                            |  |
|            | • • •   | er of a person descril                                      | • •  |                                    |   |                          |  |                       | ,                               | 11 g (ii)                   |                            |  |
|            | • •   | •   | described in (i) or (ii) a   |                                    |   |                          |  |                       |                                 | 11 g (iii)                  | <u></u>                    |  |
| <u>h</u>   | Provide the following   | information about th  | e supported organization   | on(s)                              |   |                          |  |                       |                                 |                             |                            |  |
|            | (i) Name of supported<br>organization   | (ii) EIN  | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | organiz<br>column (i<br>your go    | (iv) Is the organization in column (i) listed in your governing document? |                          | ou notify<br>ization in<br>n (i) of<br>ipport? | colun                 | ation in<br>nn (i)<br>ed in the | <b>(vii)</b> Amour          | nt of support              |  |
|            |   |   |  | Yes                                | No  | Yes                      | No   | Yes                   | No                              |                             |                            |  |
|            |   |   |  |                                    |   |                          |  |                       |                                 | <u> </u>                    |                            |  |
| (A)        |   |   |  |                                    |   |                          |  |                       |                                 |                             |                            |  |
|            | •   |   |  |                                    |   |                          |  |                       |                                 |                             | - <u>-</u>                 |  |
| <u>(B)</u> |   |   |  |                                    |   |                          |  |                       |                                 |                             |                            |  |
| (C)        |   |   |  |                                    |   |                          |  |                       |                                 | _                           | ·<br>                      |  |
|            |   |   |  |                                    |   |                          |  |                       |                                 |                             |                            |  |
| <u>(D)</u> |   | <u> </u>  |  | ļ                                  |   |                          |  |                       |                                 |                             |                            |  |
| <u>(E)</u> |   |   |  |                                    | ļ   |                          |  |                       |                                 |                             |                            |  |
| Total      |   |   |  |                                    |   |                          |  |                       |                                 |                             |                            |  |
|            | For Paperwork Reduction   | on Act Notice, see the                                      | Instructions for Form  | 990 or 9                           | 90-EZ.  | <u> </u>                 | L  | Schedule              | A (Forr                         | n 990 or 99                 | 90-EZ) 2011                |  |

#### 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec          | tion A. Public Support  |  |                                      |   |   |   |                |
|--------------|---|--|--------------------------------------|---|---|---|----------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ►  | (a) 2007                               | <b>(b)</b> 2008                      | (c) 2009                                  | <b>(d)</b> 2010                             | <b>(e)</b> 2011                               | (f) Total      |
| 1            | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')  | 1,116,445.                             | 3,122,193.                           | 2,036,544.                                | 2,843,667.                                  | 6,110,456.                                    | 15,229,305.    |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |                                      |   |   |   | 0.             |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |                                      |   |   |   | 0.             |
| 4            | Total. Add lines 1 through 3  | 1,116,445.                             | 3,122,193.                           | 2,036,544.                                | 2,843,667.                                  | 6,110,456.                                    | 15,229,305.    |
| 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)   |  |                                      |   |   |   | 5,052,479.     |
| 6            | Public support. Subtract line 5 from line 4   | 1                                      |                                      |   |   |   | 10,176,826.    |
| Sec          | tion B. Total Support   |  |                                      |   |   |   |                |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ▶  | <b>(a)</b> 2007                        | <b>(b)</b> 2008                      | (c) 2009                                  | <b>(d)</b> 2010                             | <b>(e)</b> 2011                               | (f) Total      |
| 7            | Amounts from line 4   | 1,116,445.                             | 3,122,193.                           | 2,036,544.                                | 2,843,667.                                  | 6,110,456.                                    | 15,229,305.    |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties and income from<br>similar sources  | 114.                                   | 9,457.                               | 550.                                      |   | 191.  | 10,312.        |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |  |                                      |   |   |   | 0.             |
| 10           | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV  | 16,504.                                | 850.                                 | 865.                                      | 5,419.                                      | 11,981.                                       | 35,619.        |
| 11           | Total support. Add lines 7 through 10   |  |                                      |   |   | <u> </u>                                      | 15,275,236.    |
| 12           | Gross receipts from related activ   | rities, etc (see ins                   | structions)                          |   |   | 12  | 1,697,575.     |
|              | First five years. If the Form 990 organization, check this box and  | stop here                              |                                      | nd, third, fourth, o                      | or fifth tax year as                        | a section 501(c)                              | (3)            |
|              | tion C. Computation of Pu   |  |                                      | <del></del>                               |   | <del></del>                                   |                |
|              | Public support percentage for 20  | •                                      |                                      | ne 11, column (f)                         | ).  | 14  | 66.62%         |
|              | Public support percentage from  |  |                                      |   |   | 15  | 54.15%         |
| 168          | 16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.   |  |                                      |   |   |   |                |
| ŀ            | b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |  |                                      |   |   |   |                |
| 17:          | 17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization |  |                                      |   |   |   |                |
|              | o 10%-facts-and-circumstances to<br>or more, and if the organization<br>organization meets the 'facts-an  | meets the 'facts-<br>id-circumstances' | and-circumstance<br>test The organiz | s' test, check this<br>ation qualifies as | box and <b>stop he</b><br>a publicly suppor | <b>re.</b> Explain in Par<br>ted organization | t IV how the ► |
| 18           | Private foundation. If the organ  | ization did not che                    | eck a box on line                    | 13, 16a, 16b, 17a                         | a, or 17b, check th                         | nis box and see in                            | structions     |

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

(Complete only if you checked the box on line 9 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.)

| Sec         | tion A. Public Support  |   |   |   |  |   |                  |
|-------------|---|---|---|---|--|---|------------------|
|             | dar year (or fiscal yr beginning in)►   | (a) 2007  | <b>(b)</b> 2008                               | (c) 2009                                  | (d) 2010                                   | <b>(e)</b> 2011                         | (f) Total        |
| 1           | Gifts, grants, contributions<br>and membership fees<br>received. (Do not include<br>any 'unusual grants.')  |   |   |   |  |   |                  |
| 2           | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose      |   |   |   |  |   |                  |
| 3           | Gross receipts from activities that are not an unrelated trade or business under section 513  |   |   |   |  |   |                  |
| 5           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the   |   |   |   |  |   |                  |
|             | organization without charge   |   | <u> </u>                                      |   |  |   |                  |
|             | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons  |   |   |   |  |   |                  |
| b           | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year |   |   |   |  |   |                  |
| C           | Add lines 7a and 7b   |   |   |   |  |   |                  |
| 8           | Public support (Subtract line 7c from line 6)   |   |   |   |  |   |                  |
|             | tion B. Total Support   |   | <del></del>                                   |   | <del>,</del>                               |   |                  |
|             | dar year (or fiscal yr beginning in)►   | (a) 2007  | <b>(b)</b> 2008                               | (c) 2009                                  | (d) 2010                                   | <b>(e)</b> 2011                         | <b>(f)</b> Total |
| 10 a        | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable |   | `   |   |  |   |                  |
|             | income (less section 511<br>taxes) from businesses<br>acquired after June 30, 1975  |   |   |   |  |   |                  |
|             | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                             |   |   |   |  |   |                  |
| 12          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |   |   |   |  |   |                  |
| 13          | Total support. (Add Ins 9, 10c, 11, and 12)   |   |   |   |  |   |                  |
| 14          | First five years. If the Form 990 organization, check this box and  | is for the organiz                              | ation's first, seco                           | nd, third, fourth, o                      | or fifth tax year as                       | a section 501(c)(                       | 3) ▶ □           |
|             | tion C. Computation of Pu   |   |   |   |  |   |                  |
| 15          | Public support percentage for 20  | 011 (line 8, colum                              | n (f) divided by lir                          | ne 13, column (f)                         | ).   | 15                                      | 96               |
|             | Public support percentage from  |   |   |   |  | 16                                      | %                |
| Sec         | tion D. Computation of Inv  | estment Inco                                    | me Percentage                                 | e   |  |   |                  |
| 17          | Investment income percentage f  | or <b>2011</b> (line 10c.                       | , column (f) divide                           | ed by line 13, colu                       | ımn (f)).                                  | 17                                      | ક                |
| 18          | Investment income percentage f  | rom <b>2010</b> Schedu                          | ıle A, Part III, line                         | 17  |  | 18                                      | ફ                |
| 19 <i>a</i> | <b>33-1/3% support tests – 2011.</b> It is not more than 33-1/3%, check   | f the organization<br>t this box and <b>sto</b> | did not check the <b>p here.</b> The organ    | e box on line 14, a<br>nization qualifies | and line 15 is mor<br>as a publicly supp   | e than 33-1/3%, a<br>orted organization | ind line 17 ►    |
| t           | <b>33-1/3% support tests</b> – <b>2010.</b> Ine 18 is not more than 33-1/3%   | f the organization<br>6, check this box         | did not check a t<br>and <b>stop here.</b> Th | oox on line 14 or<br>ne organization qu   | line 19a, and line<br>ualifies as a public | 16 is more than 3<br>ly supported orga  | 3-1/3%, and ►    |
| 20          | Private foundation. If the organ  |   | •   |   | •  |   |                  |

| Schedule A | (Form 990 or 990-EZ) 2011   | <u> Movement S</u>                     | trategy Cer                       | nter                                      | 20-1037                                       | 643 Page 4                     |
|------------|---|--|-----------------------------------|---|---|--------------------------------|
| Parity     | Supplemental Information Part II, line 17a or 17l (See instructions). | ation. Complete<br>b; and Part III, II | this part to pr<br>ne 12. Also co | rovide the explana<br>omplete this part f | ations required by P<br>for any additional in | art II, line 10;<br>formation. |
|            |   |  |                                   |   |   |                                |
|            |   |  | ·                                 |   | <b></b>                                       |                                |
|            |   |  |                                   |   |   |                                |
|            |   | <del>-</del>                           | · <b></b>                         |   |   |                                |
| _          | <del>-</del>  |  |                                   |   |   |                                |
|            |   | · <sup>·</sup>                         | · <b></b>                         |   |   |                                |
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#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public linspection

Department of the Treasury Internal Revenue Service

function activities

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

#### If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III Name of organization Employer identification number 20-1037643 Movement Strategy Center Partil A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours ||PartillB|| Complete if the organization is exempt under section 501(c)(3) 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 0. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Nο b If 'Yes,' describe in Part IV ||Partille: || Complete if the organization is exempt under section 501(c) , except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

| 3   | Total exempt function expen<br>line 17b  |                                |         |  |  |
|-----|--|--------------------------------|---------|--|--|
| 4   | Did the filing organization file   | e Form 1120-POL for this year? |         |  | Yes No   |
| 5   | Enter the names, addresses<br>organization made payments<br>amount of political contribution<br>segregated fund or a political | ds Also enter the              |         |  |  |
|     | (a) Name   | <b>(b)</b> Address             | (c) EIN | (d) Amount paid from filing<br>organization's funds<br>If none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1) |  |                                |         |  |  |
| (2) |  |                                |         |  |  |
| (3) |  |                                |         |  |  |
| (4) |  |                                |         |  |  |
| (5) |  |                                |         |  |  |
| (6) |  |                                | -       |  |  |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

| ,  | ,                                     |   |                         |                                  |                             |
|--|---------------------------------------|---|-------------------------|----------------------------------|-----------------------------|
| Schedule C (Form 990 or 990-EZ) 201                                  |                                       |   |                         | 20-1037                          |                             |
| Partil-A Complete if t<br>section 501(                               | the organizatio<br>h)).               | n is exempt under se  | ction 501(c)(3) aı      | nd filed Form 5768 (el           | ection under                |
| A Check ► If the filin   | g organization bel                    | ongs to an affiliated group   | (and list in Part IV ea | ach affiliated group member      | 's name,                    |
| address,   | EIN, expenses, an                     | d share of excess lobbying  | expenditures).          |                                  |                             |
| B Check ► If the filin   | ig organization che                   | cked box A and 'limited co  | ntrol' provisions appl  | y                                |                             |
| (The term  | Limits on Lobby<br>expenditures' mea  | ying Expenditures<br>ans amounts paid or incur                                  | red.)                   | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditu  | 118,304.                              |   |                         |                                  |                             |
| <b>b</b> Total lobbying expenditu                                    | ires to influence a                   | legislative body (direct lobl   | bying).                 | 12,679.                          |                             |
| c Total lobbying expenditu   | ires (add lines 1a                    | and 1b)   |                         | 130,983.                         | 0.                          |
| <b>d</b> Other exempt purpose e                                      | expenditures                          |   |                         | 6,380,313.                       |                             |
| e Total exempt purpose ex  | xpenditures (add li                   | nes 1c and 1d)  |                         | 6,511,296.                       | 0.                          |
| f Lobbying nontaxable am both columns.                               | ount Enter the an                     | nount from the following ta   | ble ın                  | 475,565.                         |                             |
| If the amount on line 1e, colu                                       | ımn (a) or (b) is.                    | The lobbying nontaxable a   | mount is                |                                  |                             |
| Not over \$500,000   |                                       | 20% of the amount on line 1e  |                         |                                  |                             |
| Over \$500,000 but not over \$1,                                     | 000,000                               | \$100,000 plus 15% of the excess over \$500,000.                                |                         |                                  |                             |
| Over \$1,000,000 but not over \$                                     | 1,500,000                             | \$175,000 plus 10% of the excess over \$1,000,000.                              |                         |                                  |                             |
| Over \$1,500,000 but not over \$                                     | 17,000,000                            | \$225,000 plus 5% of the excess over \$1,500,000.                               |                         | -                                |                             |
| Over \$17,000,000  |                                       | \$1,000,000   |                         |                                  |                             |
| <b>g</b> Grassroots nontaxable a                                     | mount (enter 25%                      | of line 1f).  |                         | 118,891.                         | 0.                          |
| h Subtract line 1g from lin  | e 1a. If zero or les                  | s, enter -0-  |                         | 0.                               | 0.                          |
| i Subtract line 1f from line   | e 1c If zero or less                  | s, enter -0-  |                         | 0.                               | 0.                          |
| j If there is an amount oth<br>section 4911 tax for this             |                                       | ther line 1h or line 1i, did t  | he organization file F  | orm 4720 reporting               | Yes No                      |
| (Some  | e organizations the<br>columi         | 4-Year Averaging Period lat made a section 501(h) elns below. See the instructi | ection do not have to   | o complete all of the five       |                             |
|  | Lobi                                  | bying Expenditures During   | 4-Year Averaging Po     | eriod                            |                             |
| Calendar year (or fiscal year beginning in)                          | (a) 2008                              | <b>(b)</b> 2009   | <b>(c)</b> 2010         | <b>(d)</b> 2011                  | (e) Total                   |
| 2a Lobbying non-taxable amount                                       |                                       |   |                         | 475,565.                         | 475,565.                    |
| <b>b</b> Lobbying ceiling<br>amount (150% of line<br>2a, column (e)) |                                       |   |                         |                                  | 713,348.                    |
| c Total lobbying expenditures  | · · · · · · · · · · · · · · · · · · · |   |                         | 130,983.                         | 130,983.                    |

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**d** Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

118,304. 118,304. Schedule **C** (Form 990 or 990-EZ) 2011

118,891.

178,337.

118,891.

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description

(a) .

(b)

# Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| of the lobbying activity.  | Yes            | No   | Amount                |
|--|----------------|--|-----------------------|
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  .         |                |  |                       |
| a Volunteers?  |                |  |                       |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |                |  | ·                     |
| c Media advertisements?  | -              |  |                       |
| d Mailings to members, legislators, or the public?   |                |  | ,                     |
| e Publications, or published or broadcast statements?  |                |  |                       |
| f Grants to other organizations for lobbying purposes?   | -              | <del>                                     </del> | <u> </u>              |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  | -              |  | <del></del>           |
|  | -              |  |                       |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?   |                |  |                       |
|  |                |  |                       |
| j Total. Add lines 1c through 1:   |                |  |                       |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                |  |                       |
| <b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912   |                |  |                       |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912   |                |  | - <del> </del>        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |                |  |                       |
| Complete if the organization is exempt under section 501(c)(4), section 50' section 501(c)(6).   | 1(c)(5)        | , or<br>   |                       |
|  |                |  | Yes No                |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |                |  | 1 1                   |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |                |  | 2                     |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  |                |  | 3                     |
| Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' (answered 'Yes.'  | OR (b)         | Part   | III-A, line 3, is     |
| 1 Dues, assessments and similar amounts from members.  |                | 1  |                       |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |                |  |                       |
| a Current year   |                | 2a   |                       |
| <b>b</b> Carryover from last year .  |                | 2b   |                       |
| c Total .  |                | 2c   |                       |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |                | 3  |                       |
|  |                |  |                       |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexient expenditure next year? | ess<br>litical | 4  | ,                     |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |                | 5  |                       |
| Rantily Supplemental Information   | -              |  |                       |
| Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F. Also, complete this part for any additional information.  | Part II-A      | , and  | Part II-B, line 1.    |
| -  |                |  |                       |
|  |                |  |                       |
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TEEA3203L 06/14/11

| Schedule C (Form 990 of 990-EZ) 2011 MOVEMENT SCHALEGY CENTER | ZU-103/643 | Page 4 |
|---|------------|--------|
| Partive Supplemental Information (continued)                  |            |        |
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# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Rublic and Inspection

Name of the organization

Employer identification number

| Mo  | vement Strategy Center   |  |  | 20-1037643                                  |                              |
|-----|--|--|--|---|------------------------------|
|     | rt I Organizations Maintaining Dono  | r Advised Funds or Other Similar F   | unds or Acc                            |   | e ıf                         |
|     | the organization answered 'Yes' t  | to Form 990, Part IV, line 6.  |  | •   |                              |
|     |  | (a) Donor advised funds  | (b) F                                  | unds and other acc                          | ounts                        |
| 1   | Total number at end of year  |  |  |   |                              |
| 2   | Aggregate contributions to (during year)   |  |  | •   |                              |
| 3   | Aggregate grants from (during year)  |  |  |   |                              |
| 4   | Aggregate value at end of year   |  |  |   |                              |
| 5   | Did the organization inform all donors and do funds are the organization's property, subject   | nor advisors in writing that the assets held i<br>to the organization's exclusive legal control  | in donor advised<br>17                 | Yes   | No                           |
| 6   | Did the organization inform all grantees, donc<br>used only for charitable purposes and not for<br>purpose conferring impermissible private beni           | the benefit of the donor or donor advisor, or  | funds can be<br>r for any other        | □Yes  | —<br>□ No                    |
| Pa  | Conservation Easements. Comp   |  | es' to Form 9                          | ٠   |                              |
| 1   | Purpose(s) of conservation easements held b  |  | CS (O1 OIIII )                         | 30, raitiv, nne                             | <del>/.</del>                |
|     | Preservation of land for public use (e.g.,   |  | on of an historica                     | ally important land                         | area                         |
|     | Protection of natural habitat  | · · · -  |  | historic structure .                        | uicu                         |
|     | Preservation of open space   |  | on or a continua                       | motorio structuro .                         | •                            |
| 2   | Complete lines 2a through 2d if the organization last day of the tax year  | ion held a qualified conservation contribution   | n in the form of a                     | a conservation ease                         | ement on the                 |
|     |  |  | H                                      | leld at the End of th                       | ne Tax Year                  |
|     | a Total number of conservation easements   |  | 2a                                     |   |                              |
| ı   | Total acreage restricted by conservation ease  | ments  | 2b                                     |   |                              |
| (   | Number of conservation easements on a certi  | ified historic structure included in (a) .   | 2c                                     |   |                              |
| (   | Number of conservation easements included structure listed in the National Register  | in (c) acquired after 8/17/06, and not on a h  | istoric 2d                             | •   |                              |
| 3   | Number of conservation easements modified, tax year ▶  | transferred, released, extinguished, or term   | ninated by the org                     | ganization during th                        | ne                           |
| 4   | Number of states where property subject to co  | onservation easement is located >  | - <u></u>                              |   |                              |
| 5   | Does the organization have a written policy re and enforcement of the conservation easeme  | egarding the periodic monitoring, inspection, nts it holds?                                      | , handling of viola                    | ations, Yes                                 | No                           |
| 6   | Staff and volunteer hours devoted to monitori  | ng, inspecting, and enforcing conservation $\epsilon$  | easements durinç                       | g the year                                  |                              |
| 7   | Amount of expenses incurred in monitoring, ii  | nspecting, and enforcing conservation easer  | ments during the                       | year  |                              |
| 8   | Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?   | n line 2(d) above satisfy the requirements o   | f section                              | Yes   | No                           |
| 9   | In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.                                 | s conservation easements in its revenue and ex<br>to the organization's financial statements th  | xpense statement,<br>nat describes the | and balance sheet, organization's acco      | and<br>ounting for           |
| Pa  | Complete if the organization ans   | ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, III                      | , <b>or Other Sim</b><br>ne 8.         | nilar Assets.                               |                              |
| 1 : | a If the organization elected, as permitted unde<br>art, historical treasures, or other similar asset<br>in Part XIV, the text of the footnote to its fina | s held for public exhibition, education, or re-  | search in further:                     | nt and balance shee<br>ance of public servi | et works of<br>ice, provide, |
| 1   | b If the organization elected, as permitted unde<br>historical treasures, or other similar assets he<br>following amounts relating to these items          | er SFAS 116 (ASC 958), to report in its rever<br>eld for public exhibition, education, or resear | nue statement ar<br>rch in furtherance | nd balance sheet we<br>e of public service, | orks of art,<br>provide the  |
|     | (i) Revenues included in Form 990, Part VIII   | , line 1   |  | <b>►</b> \$                                 |                              |
|     | (ii) Assets included in Form 990, Part X   |  | •                                      | <b>&gt;</b> \$                              |                              |
|     | If the organization received or held works of a amounts required to be reported under SFAS   | 116 (ASC 958) relating to these items:   | ets for financial g                    | ain, provide the fol                        | lowing                       |
| i   | a Revenues included in Form 990, Part VIII, line   | e 1  |  | <b>►</b> \$                                 |                              |
| 1   | b Assets included in Form 990, Part X  |  |  | <b>⊳</b> \$                                 |                              |

| (ii) Telated organizations                         |                                      |                                 |                              |                |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| b If 'Yes' to 3a(II), are the related organization | ations listed as required on Sci     | hedule R?                       |                              | 3b_            |
| 4 Describe in Part XIV the intended uses           | of the organization's endowme        | ent funds.                      |                              |                |
| Part VI Land, Buildings, and Equip                 | ment. See Form 990, Pa               | rt X, line 10.                  |                              |                |
| Description of property                            | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings.                                |                                      |                                 |                              |                |
| c Leasehold improvements.                          |                                      |                                 |                              |                |
| <b>d</b> Equipment                                 |                                      | 70,478.                         | 37,012.                      | 33,466         |
| e Other  |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e (Column (d) r       | must equal Form 990, Part X, o       | column (B), line 10(c))         | <b>&gt;</b>                  | 33,466         |

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Schedule **D** (Form 990) 2011

|      | edule <b>D</b> (Form 990) 2011 Movement Strategy Center   | 20-1037643                                    | Page 4           |
|------|---|---|------------------|
| Pa   | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements  |   |                  |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)  | -   | 6,593,944.       |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)   |   | 6,511,296.       |
| 3    | Excess or (deficit) for the year. Subtract line 2 from line 1   |   | 82,648.          |
| 4    | Net unrealized gains (losses) on investments  |   | · <u></u>        |
| 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 through 8   |   |                  |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9  |   | 82,648.          |
|      | Reconciliation of Revenue per Audited Financial Statements With Revenue   | per Return                                    | 02,040.          |
| 1    |   |   | 6,596,644.       |
|      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |   | 0,330,044.       |
|      | a Net unrealized gains on investments   |   |                  |
|      | <del></del>   | 2,700.  |                  |
|      | Recoveries of prior year grants   | 2,700.  |                  |
|      | d Other (Describe in Part XIV.)   |   |                  |
|      | e Add lines 2a through 2d.  | 20  | 2 700            |
|      |   | 2e  | 2,700.           |
| _    | Subtract line 2¢ from line 1  | 3   | 6,593,944.       |
| 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  |   |                  |
|      | Other (Describe in Part XIV.)   |   |                  |
|      | Add lines 4a and 4b   | 4c  |                  |
|      | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |   | 6,593,944.       |
|      | TEXILIS Reconciliation of Expenses per Audited Financial Statements With Expens   |   | C F12 00C        |
|      | Total expenses and losses per audited financial statements  | E-1   | 6,513,996.       |
|      | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 700   |                  |
|      |   | 2,700.  |                  |
|      | Prior year adjustments 2b   |   |                  |
|      | Other losses 2c   |   |                  |
|      | d Other (Describe in Part XIV.)   |   |                  |
|      | e Add lines 2a through 2d   |   | 2,700.           |
| 3    | Subtract line 2e from line 1  | 3   | 6,511,296.       |
| 4    | 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.   |   |                  |
|      | Other (Describe in Part XIV.)   |   |                  |
|      | C Add lines 4a and 4b   | 4c  | C F11 00C        |
|      | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  TXIVE Supplemental Information  | 5   | 6,511,296.       |
|      |   |   |                  |
| Part | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also additional information. | , Part IV, lines 15 and complete this part to | 1 2b,<br>provide |
|      | Part X - FIN 48 Footnote  |   |                  |
|      | The Organization has evaluated its current tax positions as of  | <u>June 30, 2012</u>                          | and is           |
|      | not aware of any significant uncertain tax positions for which  | <u>a reserve wou</u> l                        | _d_be            |
|      | necessary.  |   |                  |
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| Schedule D (Form 990) 2011 Movement Strategy Center | 20-103/643 Page 5 |
|---|-------------------|
| Parxiv Supplemental Information (continued)         |                   |
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# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Movement Strategy Center

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

|                                 | 2011                          |
|---------------------------------|-------------------------------|
| 7, 18,<br>ine 6a.<br>s.         | Oran to Rublic<br>Inspection  |
| Employer identifica             |                               |
| 20-103764                       | 3                             |
| 7                               |                               |
| apply                           |                               |
| nent grants                     | •                             |
| grants                          |                               |
|                                 |                               |
| s, trustees or k<br>s?          | ey X Yes No                   |
| hich the fundra                 | iser is to be                 |
| nount paid to                   | (vi) Amount paid to           |
| retained by)<br>aiser listed in | (or retained by) organization |
| olumn <b>(i)</b>                | <b>J</b>                      |
|                                 |                               |
| 26,000.                         |                               |
|                                 |                               |
| 13,236.                         |                               |
| 7,000.                          | 25,692.                       |
|                                 |                               |
| 5,000.                          |                               |
|                                 |                               |
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| •                               |                               |
|                                 |                               |
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OMB No 1545-0047

| Par    | Fundraising Activities. Comp<br>Form 990-EZ filers are not re              | lete if the organ<br>quired to compl | nization ar<br>ete this pa | nswered 'Y<br>art | es' to Form 990, Part I   | V, line 1/                      |                        |
|--------|--|--------------------------------------|----------------------------|-------------------|---------------------------|---------------------------------|------------------------|
|        | Indicate whether the organization  |                                      |                            |                   |                           |                                 |                        |
| а      | X Mail solicitations   |                                      |                            | е                 | X Solicitation of non-    | government grants               | •                      |
| b      | X Internet and email solicitations   | S                                    |                            | f                 | X Solicitation of gove    | rnment grants                   |                        |
| c      | H <sub>-</sub>   |                                      |                            | g                 | Special fundraising       | events                          |                        |
| d      | X In-person solicitations  |                                      |                            | _                 |                           |                                 |                        |
|        | Did the organization have a writter  | n or oral agreer                     | nent with                  | any individ       | dual (including officers, | directors, trustees or ke       | ey 🖼 . 🗀               |
|        | employees listed in Form 990, Pai  | rt VII) or entity                    | in connect                 | ion with p        | rofessional fundraising   | services?                       | X Yes No               |
| b      | If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the | dividuals or ent                     | tities (fund               | lraisers) p       | ursuant to agreements     | under which the fundra          | iser is to be          |
| (i)    | Name and address of individual   | (ii) Activity                        | (iii) Did                  | fundraiser        | (iv) Gross receipts       | (v) Amount paid to              | (vi) Amount paid to    |
| (.,    | or entity (fundraiser)   | (.,, r.c.ivi.g                       | have custor                | dy or control     |                           | or retained by)                 | (or retained by)       |
|        |  | İ                                    | of contr                   | ibutions?         |                           | fundraiser listed in column (i) | organization           |
|        |  |                                      | Yes                        | No                |                           | 0012.1111 (1)                   |                        |
| 1      | PSDC, Inc. 5811 32nd St  | Grants/                              |                            |                   |                           |                                 |                        |
|        | NW Washington DC 20015   | Donors                               |                            | Х                 |                           | 26,000.                         |                        |
| 2      | Kathryn Petty 674 Park   | Grant                                |                            |                   |                           | 10.005                          |                        |
|        | Pl. #2 New York NY 11216   | Writing                              |                            | Х                 |                           | 13,236.                         |                        |
| 3      | Breonna Cole POBox 9794<br>Oakland CA 94613                                | Grant<br>writing                     | Х                          |                   | 32,692.                   | 7,000.                          | 25,692.                |
| 4      | Tito Crafts 2649 15th St<br>NW Washington DC 20009                         | Donors/<br>Admin                     |                            | х                 |                           | 5,000.                          |                        |
| 5      |  |                                      |                            |                   |                           |                                 |                        |
| 6      |  |                                      |                            |                   |                           |                                 |                        |
| 7      |  |                                      |                            |                   |                           |                                 |                        |
| 8      |  |                                      |                            |                   |                           |                                 | 9                      |
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| _9<br> |  |                                      |                            |                   |                           |                                 |                        |
| 10     |  |                                      |                            |                   |                           |                                 |                        |
|        |  |                                      |                            |                   | 20.600                    | 54 006                          | 05 600                 |
| Tota   | List all states in which the organiz                                       |                                      |                            |                   | 32,692.                   | 51,236.                         | 25,692.                |
| 3      | or licensing   | ation is registe                     | rea or lice                | nsea to so        | DIICIT CONTIDUTIONS OF HA | s been notified it is exe       | empt from registration |
|        | CA_NJ_NY   |                                      |                            |                   |                           |                                 |                        |
|        |  |                                      |                            |                   |                           |                                 |                        |
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|        |  |                                      |                            |                   |                           |                                 |                        |

| Schedule G | (Form 990 or | 990-EZ) 2011 | Movement | Strategy | Center |
|------------|--------------|--------------|----------|----------|--------|
|            |              |              |          |          |        |

20-1037643

Page 2

| Par         |          | Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts groups.  | event contribution                    | ns and gross income                                 | orm 990, Part IV, li<br>e on Form 990-EZ, | ne 18, or reported<br>lines 1 and 6b.                      |
|-------------|----------|--|---------------------------------------|---|---|--|
|             | _        |  | (a) Event #1                          | <b>(b)</b> Event #2                                 | (c) Other events                          | (d) Total events<br>(add column (a)<br>through column (c)) |
| R<br>E<br>V |          |  | (event type)                          | (event type)  | (total number)                            |  |
| REVENUE     | 1        | Gross receipts .   |                                       |   |   |  |
| Ě           | 2        | Less: Charitable contributions   |                                       |   |   |  |
|             | 3        | Gross income (line 1 minus line 2)   |                                       |   |   |  |
|             | 4        | Cash prizes  |                                       |   |   |  |
|             | 5        | Noncash prizes   |                                       |   |   |  |
| DIRECT      | 6        | Rent/facility costs  |                                       |   |   |  |
| - 1         | 7        | Food and beverages   |                                       |   |   |  |
| EXP         | 8        | Entertainment  |                                       |   |   |  |
| EXPENSES    | 9        | Other direct expenses  |                                       |   |   |  |
| Š           | 10       | Direct expense summary Add lines 4 thi   | rough 9 in column (d)                 |   | •   |  |
|             | 11       | Net income summary. Combine line 3, combine line line 3, combine line line 3, combine line line line line line line line l |                                       |   |   |  |
| Ŗar         | <u> </u> | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a  | ation answered 'Ye                    | es' to Form 990, Par                                | t IV, line 19, or re                      | ported more than   |
| REVENUE     |          |  | (a) Bingo                             | (b) Pull tabs/instant<br>bingo/progressive<br>bingo | (c) Other gaming                          | (d) Total gaming<br>(add column (a)<br>through column (c)) |
| Ē           | 1        | Gross revenue  |                                       |   |   |  |
|             | _        | Cash prizes  |                                       |   |   |  |
| E           | _        | Casir prizes   |                                       |   | <u> </u>                                  |  |
| EXPENSE     | 3        | Non-cash prizes  |                                       |   |   |  |
| E           | 4        | Rent/facility costs  |                                       |   |   |  |
|             | 5        | Other direct expenses  |                                       |   |   |  |
|             | 6        | Volunteer labor  | Yes%                                  | Yes%  | Yes%                                      |  |
| ļ           | 7        | Direct expense summary Add lines 2 thi   | rough 5 in column (d)                 |   | •   |  |
|             |          | Net gaming income summary. Combine   | lines 1 column (d) and                | d line 7  | _   |  |
|             |          |  |                                       |   | <u> </u>                                  | <u> </u>   |
|             | ls th    | er the state(s) in which the organization of<br>the organization licensed to operate gamin<br>No,' explain:  | g activities in each of t             | these states?                                       |   | Yes No   |
|             |          | re any of the organization's gaming licensi<br>(es,' explain   | · · · · · · · · · · · · · · · · · · · | =   | •   | Yes No   |
| BAA         |          |  | TEEA3702L                             | 01/24/12  | Schedule G (Fo                            | orm 990 or 990-EZ) 201                                     |

| Sche | edule <b>G</b> (Form 990 or 990-EZ) 2011 Movement Strategy Center  | 20-1037                   | 643                     | Page 3       |
|------|--|---------------------------|-------------------------|--------------|
| 11   | Does the organization operate gaming activities with nonmembers?   |                           | Yes                     | No           |
| 12   | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti-<br>administer charitable gaming?  | y formed to               | Yes                     | No           |
| 13   | Indicate the percentage of gaming activity operated in:  |                           |                         |              |
|      | The organization's facility  | 13a                       |                         | 8            |
|      | <b>b</b> An outside facility   | 13b                       |                         | કૃ           |
| 14   | Enter the name and address of the person who prepares the organization's gaming/special events book  | and records               |                         |              |
|      | Name ►   |                           |                         |              |
|      | Address •  |                           | <u>-</u> -              |              |
|      | a Does the organization have a contact with a third party from whom the organization receives gaming rev<br>b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ a<br>of gaming revenue retained by the third party ► \$ |                           | Yes                     | No           |
| C    | c If 'Yes,' enter name and address of the third party  |                           |                         |              |
|      | Name •   | <del>-</del>              |                         | · <b></b>    |
|      | Address ► .  |                           |                         | <br>         |
| 16   | Gaming manager information   |                           |                         |              |
|      | Name ►   |                           |                         |              |
|      | Gaming manager compensation ► \$   |                           |                         |              |
|      | Description of services provided   |                           |                         | - <b>-</b>   |
|      | Director/officer Employee Independent contractor   |                           |                         |              |
| 17   | Mandatory distributions  |                           |                         |              |
| a    | a Is the organization required under state law to make charitable distributions from the gaming proceeds t<br>state gaming license?  | o retain the              | Yes                     | No           |
|      | b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year ▶ \$  | ·                         |                         |              |
| Pai  | Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appeared this part to provide any additional information (see instructions).      | red by Par<br>plicable. A | t I, line i<br>Iso comp | 2b,<br>olete |
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# SCHEDULE 1 (Form 990)

Department of the Treasury nternal Revenue Service

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

| 1545-0047 | 111 |
|-----------|-----|
| OMB No    | 20  |

8

(h) Purpose of grant or assistance Justice Corps Justice Corps Justice Corp Justice Corp Justice Corp Justice Corp AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth Employer identification number Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. XYes Rants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 20-1037643 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) See Part 0 <u>.</u> ö o. ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 20,000 20,000 20,000 20,000 30,000 20,000 (d) Amount of cash grant (c) IRC section if applicable Part II can be duplicated if additional space is needed 36-4394374 501c3 52-1948745 501c3 36-4229387 501c3 94-3256009 501c3 94-2258612 501c3 95-42<u>98811</u>|501c3 Parking General Information on Grants and Assistance (b) EIN · (3) Brighton Pk Neighborhood Coun (1) Albany Prk Neighborhood Coun. 334 W. Lawrence Ave., 3rd Fl Baltimore Algebra Prol. \_\_\_ 2524 North Charles \_\_\_\_\_ Movement Strategy Center 1 (a) Name and address of organization Californians for Justice San Francisco, CA 94112 8101 S. Vermont Ave. 520\_Third\_St., #209\_ Los Angeles, CA 90044 4477 S. Archer Ave. (6) Community Coalition Cypress Hills LDC Coleman Advocates 625 Jamaica Ave Baltimore, MD 21218 Chicago, IL 60625 Chicago, IL 60632 Oakland, CA 94607 459 Vienna St Name of the organization 0 € Ø ାଙ୍କ e

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

38-3652741 501c3

Jackson Heights, NY 11373

72-18 Roosevelt Ave

Brooklyn, NY 11208

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11-2683663|501c3

Schedule 1 (Form 990) (2011)

Justice Corps

Justice Corps

AEJ Youth

Schedule I (Form 990) (2011) Movement Strategy Center

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (f) Description of non-cash assistance                | ,                             |   |   |   |   |   | and any other additional information.                        |  |  |   |  |   | ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !        |   | <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br>   <br> | †  |      |
|---|-------------------------------|---|---|---|---|---|--|--|--|---|--|---|--|---|--|--|------|
| (e) Method of valuation (book, FMV, appraisal, other) |                               |   |   |   |   |   |  |  | agreement letter to                          |   | <br> <br> <br> <br> <br> <br>                | how funds                                   |  | <br>                                      | <br>   |  | <br> |
| (d) Amount of non-cash assistance                     |                               |   |   |   |   |   | ovide the information required in Part I, line 2,            | <br>   | a grant agreeme                              | wards_given                                 | to detail any programmatic                   | financial reports showing how funds         | <br>   <br>   <br>   <br>   <br>             | 1<br>                                     | <br>   |  | <br> |
| (c) Amount of cash grant                              | . 744, 06                     |   |   | • |   |   | rovide the informal  | Funds in U.S.  | enter issues                                 | ctions of any awards given.                 | ы  | ש!  | od.  | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1                    | t  <br>                                      | <br> |
| (b) Number of recipients                              | 233                           |   |   |   |   |   | plete this part to p   | ing <u>Use of Grants</u>                                 | ent Strategy (                               | legal restric                               | the award lette                              | lt_narrative_ar                             | he grant peric                               | <br>                                      | 1<br>1<br>1<br>1<br>1<br>1<br>1                              | <br> <br> <br> <br> <br> <br> <br> <br> <br> | <br> |
| (a) Type of grant or assistance                       | 1 Honoraria, Awards, Stipends | , | 4 | S | 9 | 7 | Part IV   Supplemental Information. Complete this part to pr | Part I, Line 2 - Procedures for Monitoring Use of Grants | When grants are awarded, Movement Strategy C | stablish_amount, purpose, and legal restric | cases, an MOU will accompany the award lette | situpulations. Grantees submit narrative an | were used upon completion of the grant perio |   | <br>   |  | !    |

BAA

Schedule 1 (Form 990) (2011)

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2011 Justice Corps (h) Purpose of Justice Corp Justice Corp Justice Corp Justice Corp grant or assistance Justice Corp NOP Project NOP Project NOP Project 99% Spring AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth Continuation Page 1 Employer identification number (Form 990). Part (g) Description of non-cash assistance 20-1037643 valuation (book, FMV, appraisal, other) Randing Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (f) Method of (e) Amount of non-cash assistance 20,000. (d) Amount of cash 45,000 20,800 20,000 20,000 95,000 109,300 110,480 20,000 6,000 TEEA4001L 08/25/11 grant (c) IRC section if applicable 11-3344389 50103 20-4018630 501c3 84-1426652 501c3 27-2623232 501c3 02-0682988 501c3 27-2133211| 501c3 36-2598637 501c3 56-2633160 501c3 13-2806160 501c3 26-2142466|501c3 (b) EIN (a) Name and address of organization or government Movement Strategy Center NW Bronx Comm. Clergy Coal. Ohio Organizing Collaborative 3025 W. 37th Ave., #206 ---200 Chestnut Ave. NE \_\_\_\_ 92-10 Roosevelt \_\_\_\_Jackson Heights, NY 11372 New Organizing Institute 1850 M Street\_NW, #1100\_ Padres Y Jovenes Unidos Immediate Life, Inc. New York, 'NY 10013 Washington, DC 20009 Washington, DC 20036 84 Havemeyer Street Not An Alternative 103 E. 196th St. \_\_\_ InnerCity Struggle Brooklyn, NY 11211 Chicago, IL 60653 Make the Road NY 1419 V Street NW Warren, OH 44483 Denver, CO 80211 Bronx, NY 10468 Name of the organization PO Box 1556 Empower DC

Continuation Sheet for Schedule I (Form 990)

2011

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2011 (h) Purpose of grant or assistance Justice Corp Justice Corp Justice Corp NOP Project AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth Justice Justice Corps. Corps. Continuation Page Employer Identification number (Form 990), Part (g) Description of non-cash assistance 20-1037643 (f) Method of valuation (book, FMV, appraisal, other) | Parill | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance (d) Amount of cash grant 20,000. 20,000 45,000 32,500 30,000 20,000 TEEA4001L 08/25/11 (c) IRC section if applicable 48-1126805 501c3 04-2261109 501c3 23-2878099 501c3 23-2815998 501c3 81-0504390 50103 35-2201239 501c3 (b) EIN (a) Name and address of organization or government 1111 1 | | | | | | | | | | Movement Strategy Center Philadelphia Student Union\_ Sunflower Community Action Couth United for Change 1910 N Front -----Philadelphia, PA 19122 Philadelphia, PA 19104 Third Sector New Engl 1407 N. Topeka St.\_\_ Youth Together P.O. Box 28741 Oakland, CA 94609 Wichita, KS 67214 Oakland, CA 94612 Boston, MA 02111 Name of the organization 449 15th, #402 1205 Chestnut Rucks Society

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

(5) (6) (7)(8) (9) (10)

#### **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. ► See separate instructions.

2011

OMB No 1545-0047



Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 20-1037643 Movement Strategy Center Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No · (1) (2) (3) (4) (5) (6) 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under ▶\$ section 4958 ▶\$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Partilla: Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (g) Written agreement? (a) Name of interested person and purpose (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) in default? (f) Approved by board or committee? Yes No Yes No Yes No (1) (2) (3) (4) (5) (6) (7)(8) (9) (10)▶ \$ Total Part III 🔿 Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount and type of assistance (1) (2) (3) (4)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

| Schedule L (Form 990 or 990-EZ) 2011 Movem                             |  |                           | 20-1037643                     | F                             | Page 2    |
|--|--|---------------------------|--------------------------------|-------------------------------|-----------|
| Business Transactions Involution Complete if the organization answered |  |                           |                                |                               |           |
| (a) Name of interested person  | (b) Relationship between interested person and the | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's |           |
|  | organization                                       |                           |                                | Yes                           | No No     |
| (1) Marianne Manilov   | Board Chair  | 15,000.                   | Contract services              | 1                             | X         |
| (2)  |  |                           |                                |                               |           |
| (3)  | <del></del>  |                           |                                | <b>-</b>                      | <u> </u>  |
| (4)  | <del></del>  |                           | <del></del>                    |                               |           |
| (5)<br>(6)   | <del></del>  | -                         |                                | ╁                             |           |
| 7)   |  |                           |                                | +-                            |           |
| (8)  |  |                           |                                |                               |           |
| (9)  |  |                           |                                |                               | <u> </u>  |
| (10)   |  |                           |                                | <u> </u>                      | <u> </u>  |
| <b>Complete this part to provide additional</b>                        | information for recogness                          | e to augstions on Schodii | la l (see instructions)        |                               |           |
| Complete this part to provide additional                               | illiotination for responses                        | s to questions on schedu  | ie L (see mstructions).        |                               |           |
|  |  |                           |                                |                               |           |
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public linguation.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

| Movement Strategy Center   | 20-1037643                            |
|--|---------------------------------------|
| Form 990, Part III, Line 2 - New Services                          |                                       |
| Addition of new fiscally sponsored projects: AYP                   | AL, Network Organizing Project,       |
| Build the Wheel, and Brown Boi Project                             |                                       |
| <u>Form 990, Part III, Line 4a - Program Service Accomplishmen</u> | ts                                    |
| Sponsored Programs   |                                       |
|  |                                       |
| Alliance for Educational Justice: The Alliance f                   | or Educational Justice (AEJ) is a     |
| national alliance of twenty youth organizing and                   | intergenerational groups working for  |
| education justice by organizing for non-punitive                   | school_reforms_to_advance_student     |
| achievement.   |                                       |
| In 2012, the Alliance for Educational Justice me                   | mbers have pioneered community-based  |
| efforts to ameliorate the effects of the zero to                   | lerance, policing-based education     |
| policies in 6 major cities impacting millions of                   | youth: Chicago, Denver,               |
| Philadelphia, Baltimore, Los Angeles and New Y                     | ork City. Through our Youth Justice   |
| Corps, we have trained over 300 youth from 11 ci                   | ties in leadership, team-building and |
| critical thinking skills to improve their educat                   | ion.                                  |
|  |                                       |
| AYPAL: AYPAL builds the grassroots leadership of                   | low-income Asian & Pacific Islander   |
| immigrant and refugee families in Oakland, in or                   | der to transform school and           |
| neighborhood inequities so that all people can be                  | e healthy, safe and thriving members  |
| of their communities   |                                       |
| In 2012, AYPAL trained 24 youth over the summer                    | for their leadership roles in the     |
| general youth membership meetings, community and                   | cultural arts projects and AYPAL's    |
| grassroots campaign initiatives. AYPAL also tra                    | ined 14 Youth Leaders to share their  |
| personal stories and to educate policy makers ab                   | out their public education experience |
| at Assembly and Senate hearings in Sacramento.                     | AYPAL's first ever district-wide      |

| Name of the organization  Movement Strategy Center   | Employer identification number 20–1037643 |
|--|---|
| MOVEMENT Strategy Center   | 20 1001030                                |
| Form 990, Part III, Line 4a - Program Service Accomplishments  |   |
| Asian & Pacific Islander Parent Conference was held in partners  | hip with the Oakland                      |
| Unified School District on May 5, and attracted over 100 parent  | s from targeted                           |
| immigrant and refugee communities.   |   |
|  |   |
| Brown Boi Project: The Brown Boi Project (BBP) is a community  | of masculine of center                    |
| womyn, men, two-spirit people, transmen, and our allies committ  | ed to transforming our                    |
| privilege of masculinity, gender, and race into tools for achie  | ving Racial and Gender                    |
| Justice. BBP works for Gender Justice by re-envisioning the po   | wer imbalance between                     |
| traditional notions of masculinity and femininity. We hold inst  | itutional systems,                        |
| other masculine people, and ourselves accountable for its accounta | panying privileges. We                    |
| draw on a gender inclusive framework that shapes non-oppressive  | masculinity rooted in                     |
| honor, community, and empowerment of feminine identified people  | , especially women and                    |
| girls.   |   |
| In 2011-12 the Brown Boi Project sought to develop resources an  | d conduct trainings                       |
| for social justice organizations to integrate a stronger racial  | and gender justice                        |
| lens; our ground breaking reproductive justice health guide has  | been instrumental in                      |
| achieving this goal. During the past year we reached more than   | 700 leaders of color                      |
| through trainings and conference presentations and 170 organiza  | tions (with a reach of                    |
| over 3,000 youth) that work with LGBT youth of color, girls of   | color, and young                          |
| straight men of color to help frame a national conversation on   | a new gender justice                      |
| framework.   |   |
|  | · •                                       |
| Movement Generation: Movement Generation (MG) Justice & Ecology  | Project provides                          |
| in-depth analysis and information about the global ecological of   | crisis and facilitates                    |
| strategic planning for action among leading organizers from urb  | oan Bay Area                              |
| organizations working for economic and racial justice in commun  | nities of color.                          |

| Name of the organization  Movement Strategy Center               | Employer identification number 20-1037643 |
|--|---|
| Form 990, Part III, Line 4a - Program Service Accomplishments    |   |
| In 2012, MG reached over 1200 individuals through our training   | s, speeches & public                      |
| events - all towards getting organizers and activists to integr  | ate an ecological lens                    |
| into their organizing efforts. Our national effort co-anchoring  | g a climate justice                       |
| alignment process has led to the creation of the national Just   | Transition Campaign,                      |
| which will launch in three different localities in 2013. We con  | ntinued working with a                    |
| handful of Bay Area anchor organizations through our Resilience  | Based Organizing                          |
| learning cohort.   |   |
| ~  | •   |
| Oakland Rising: Oakland Rising (OR) educates and mobilizes vote  | ers in the flatlands to                   |
| speak_up_for_and_take_charge_of_the_issues_impacting_communitie  | es. Oakland Rising is a                   |
| multilingual, multiracial collaborative proving that everyday    | residents working                         |
| together have the power to change the way the city is run.       | `<br>                                     |
| In 2012, Oakland Rising conducted 3 civic engagement campaigns   | that reached 41,000                       |
| low-income, immigrant, and voters of color living in East and    | West Oakland. Our                         |
| multilingual field_team_(English, Spanish, Cantonese and Manda   | rin)_educated_voters                      |
| and built support for long and short-term state and local budge  | et solutions and for                      |
| progressive policies on November ballot:                         |   |
|  |   |
| Rebuild the Dream Innovation Fund: RTDIF harnesses the power     | of media and technology                   |
| to mobilize, organize and broaden the base of people committed   | to economic solutions                     |
| that will work for the middle class, and all who aspire to below | ong to it. RTDIF aims                     |
| to reinvigorate confidence in what we can achieve together and   | what we should expect                     |
| from our society.  |   |
| Last year, RTDIF grew its membership to 600,000 and 80+ institu  | itional partners and                      |
| held events in communities in every state in the country. Tog    | ether, we were able to                    |
| ignite a national conversation around student loan debt and wo   | rk towards relief for                     |

grassroots organizations, alliances, and networks that operate at local, regional and national levels. MSC is dedicated to the inclusion and leadership of traditionally marginalized communities in progressive movement building. MSC places the experience and leadership of those most impacted at the center of our transformative movement building.

The heart of MSC's work is our core program and activities to support leaders,

| Movement Strategy Center  | 20-1037643                |
|---|---------------------------|
| Form 990, Part III, Line 4b - Program Service Accomplishments                   |                           |
| organizations and alliances to be strategic, collaborative and                  | sustainable.              |
| Accomplishments this year include:  |                           |
| MSC is a key partner with The California Endowment in advancing                 | and implementing the      |
| goals of building communities where all children and youth are                  | healthy, safe and         |
| ready to learn.   |                           |
| MSC is a key partner with the NoVo Foundation's Movement to End                 | Violence. Through         |
| this ten-year initiative, a cohort of innovative leaders is pro                 | moting the culture        |
| and policies needed to end violence against women and children.                 |                           |
| MSC is a key partner in anchoring and supporting a powerful new                 | formation of              |
| community-led climate justice organizations.                                    |                           |
| Form 990, Part VI, Line 11b - Form 990 Review Process                           |                           |
| After the 990 is completed by an independent accounting firm, i                 | t is reviewed             |
| internally then forwarded via email to the Chair of the Board of                | f Directors. The          |
| Board Chair submits any questions or comments to the Managing D                 | irector 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 Con  | flicts                    |
| Movement Strategy Center (MSC) has a multi-level and multi-pers                 | on review of any          |
| potential business relationship or potential employment. MSC ac                 | tively reviews and/or     |
| investigates the potential business relationship/employment to                  | see if that prospect      |
| has any relation to a current staff, or Board member.                           |                           |
| Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E | xec. Dir., or Top Mgtment |
| Board members form an ad-hoc personnel committee which reviews                  | independent salary        |
| surveys to evaluate MSC's compensation and benefits, ED is remo                 | oved from disussion       |
| and decisions regarding his compensation.                                       |                           |

| Schedule 0 (Form 990 or 990-EZ) 2011   |   | Page 2       |
|--|---|--------------|
| Name of the organization  Movement Strategy Center                               | Employer identification number 20-1037643 |              |
|  |   |              |
| Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officer | s & Key Employees                         |              |
| Board members form an ad-hoc personnel committee which reviews                   | independent salary                        |              |
| surveys to evaluate MSC's compensation and benefits.                             |   | <del>-</del> |
| Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available     |   |              |
| Financial statements are available upon request.                                 |   |              |
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| 2011                    | Schedule                 | A; Part IV               | - Suppleme             | ental Inform    | nation             | Page !             |  |
|-------------------------|--------------------------|--------------------------|------------------------|-----------------|--------------------|--------------------|--|
| lient MSC07             | Movement Strategy Center |                          |                        |                 |                    |                    |  |
| 5/06/13                 |                          |                          |                        |                 |                    | 03·46P             |  |
| Part II, Line 10 - Othe | er Income                |                          |                        |                 |                    |                    |  |
| Nature and Sourc        | e                        | 2011                     | 2010                   | 2009            | 2008               | 2007               |  |
| Miscellaneous           | Total 🖺                  | 11,981.<br>11,981.<br>\$ | 5,419.<br>5,419.<br>\$ | 865.<br>865. \$ | 850.<br>850.<br>\$ | 16,504.<br>16,504. |  |
|                         |                          |                          |                        |                 |                    |                    |  |
|                         |                          |                          |                        |                 |                    |                    |  |
|                         |                          |                          |                        |                 |                    |                    |  |
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# Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

| If you a                                    | re filing for an <b>Automatic 3-Month Extension, c</b> o   | omplete only  | Part I and check this box .  |                              | I                          | <b>►</b> [X] |  |  |
|---|--|---|--|------------------------------|----------------------------|--------------|--|--|
|   | re filing for an Additional (Not Automatic) 3-Mor  |   |  |                              | )                          | _            |  |  |
| Do not con                                  | <b>nplete Part II unless</b> you have already been gran  | ted an autom  | natic 3-month extension on a previously t  | iled Fo                      | rm 8868.                   |              |  |  |
| corporation request an                      | filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (nextension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which in ling of this form, visit www.irs.gov/efile and click | ot automatic)<br>n Part I or P  | ) 3-month extension of time. You can ele<br>art II with the exception of Form 8870. In | ctronic                      | ally file Form 8868        | sfers        |  |  |
|   | Automatic 3-Month Extension of Time.   |   |  | ·-                           |                            |              |  |  |
|   | on required to file Form 990-T and requesting an   |   |  | comple                       | te Part Lonly              | <b>▶</b> □   |  |  |
|   | orporations (including 1120-C filers), partnerships  |   | nd trusts must use Form 7004 to reques   | an ex                        | tension of time to f       |              |  |  |
|   | N  |   | Enter filer's identif  |                              |                            |              |  |  |
| Type or                                     | Name of exempt organization or other filer, see instructions.  |   |  | Employ                       | er identification number ( | EIN) or      |  |  |
| Type or print                               | Movement Strategy Center   | Center  |  |                              |                            | X 20-1037643 |  |  |
| File by the due date for                    | Number, street, and room or suite number If a P O box, see   | instructions  |  | Social security number (SSN) |                            | N)           |  |  |
| filing your<br>return See                   | 1611 Telegraph Avenue #510   |   |  | oxdot                        |                            |              |  |  |
| instructions                                |  | City, town or post office, state, and ZIP code. For a foreign address, see instructions |  |                              |                            |              |  |  |
|   | Oakland, CA 94612  |   |  |                              | · <del> · · · · ·</del>    |              |  |  |
| Enter the F                                 | teturn code for the return that this application is  | for (file a sep   | parate application for each return)  |                              | 01                         |              |  |  |
| Application Is For                          | 1  | Return<br>Code  | Application<br>Is For  |                              | turn<br>ode                |              |  |  |
| Form 990                                    |  | 01  | Form 990-T (corporation)   |                              |                            | )7           |  |  |
| Form 990-E                                  | BL .   | 02  | Form 1041-A  |                              |                            | 8            |  |  |
| Form 990-EZ                                 |  | 01  | Form 4720  |                              |                            | 9            |  |  |
| Form 990-F                                  | PF   | 04  | Form 5227  |                              | 1                          | 0            |  |  |
| Form 990-T (section 401(a) or 408(a) trust) |  | 05  | Form 6069  |                              |                            | 1            |  |  |
| Form 990-T (trust other than above)         |  | 06  | Form 8870  |                              |                            | 2            |  |  |
| Telepho If the o If this is check t         | ine No.   510-444-0640  Inganization does not have an office or place of best for a Group Return, enter the organization's for his box  If it is for part of the group, ension is for.   | FAX Now<br>usiness in the<br>ur digit Group<br>check this b                             | Exemption Number (GEN) If ox   and attach a list with the na                           |                              |                            | • •          |  |  |
| until The e  ▶ [  2 If the                  |  | rganization r<br>, and endii  | eturn for the organization named above. $\frac{6/30}{2} = \frac{12}{2}$                | al retu                      | 'n                         |              |  |  |
|   | s application is for Form 990-BL, 990-PF, 990-T, efundable credits. See instructions   | 4720, or 606  | 9, enter the tentative tax, less any   | 3a                           | \$                         | 0.           |  |  |
| <b>b</b> If this paym                       | s application is for Form 990-PF, 990-T, 4720, or sents made. Include any prior year overpayment.  | 6069, enter allowed as a  | any refundable credits and estimated tax credit .                                      | 3b                           | \$                         | 0.           |  |  |

BAA For Paperwork Reduction Act Notice, see Instructions.

payment instructions.

Form 8868 (Rev 1-2012)

3c \$

0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

|                              | 3 (Rev 1-2012)  |                               |   |  | . Page 2       |
|------------------------------|---|-------------------------------|---|--|----------------|
| <ul><li>If you</li></ul>     | are filing for an Additional (Not Automatic) 3-M  | onth Extensio                 | n, complete only Part II and check                                      | this box   | ▶              |
|                              | complete Part II if you have already been gran  |                               |   |  |                |
|                              | are filing for an Automatic 3-Month Extension,  |                               |   | •  |                |
| <b>237</b> E                 | Additional (Not Automatic) 3-Month E  | xtension of                   | Time. Only file the original  | (no copies needed)   | ).             |
| Marcine 124                  |   |                               |   | identifying number, se   |                |
|                              | Name of exempt organization or other filer, see instructions  |                               | 2.00  | Employer identification numb   |                |
| _                            |   |                               |   |  |                |
| Type or print                | Movement Strategy Center  |                               |   | X 20-1037643   |                |
| print                        | Number, street, and room or surte number if a P.O. box, see   | instructions                  |   | Social security number (SSN)   |                |
| File by the                  |   |                               |   |  | •              |
| extended<br>due date for     | Crosby & Kaneda, CPAs   |                               |   |  |                |
| filing the return See        | 1611 Telegraph Ave Ste 318 City, town or post office, state, and ZIP code For a foreign ad                                  | drass saa metriket            | · · · · · · · · · · · · · · · · · · ·                                   | 4  |                |
| instructions                 |   | uress, see mstroct            | ions  |  |                |
|                              | Oakland, CA 94612-2151  |                               | <u> </u>  |  |                |
|                              |   |                               |   |  | <del></del>    |
| Enter the                    | Return code for the return that this application is   | s for (file a se              | parate application for each return)                                     | •  | 01             |
|                              |   | ····                          |   |  |                |
| Application Is For           | n   | Return                        | Application   |  | Return         |
|                              |   | Code                          | Is For  | and the second s | Code           |
| Form 990                     |   | 01                            |   |  | The Land       |
| Form 990-                    | BL  | 02                            | Form 1041-A   | <del>, , , , , , , , , , , , , , , , , , , </del>  | 08             |
| Form 990-                    | EZ  | 01                            | Form 4720   |  | 09             |
| Form 990-                    | PF  | 04                            | Form 5227   | ,  | 10             |
| Form 990-                    | T (section 401(a) or 408(a) trust)  | 05                            | Form 6069   |  | 11             |
| Form 990-                    | T (trust other than above)  | 06                            | Form 8870   |  | 12             |
| STOP! Do                     | not complete Part II if you were not already gra  | inted an autor                | natic 3-month extension on a prev                                       | viously filed Form 8868  | •              |
|                              | oks are in care of <u>Sihle Dinani</u><br>none No <u>510-444-0640</u>   |                               | E10-2E1-0010  | -  |                |
|                              | organization does not have an office or place of  |                               |   | •  |                |
|                              |   |                               |   |  |                |
|                              | is for a Group Return, enter the organization's for   |                               |   |  | his is for the |
| -                            | <del></del>   | group, cneck t                | this box 🏲 🗌 and attach a list w  | vith the names and EIN   | s of all       |
| members                      | the extension is for.   |                               |   |  | <del></del>    |
|                              |   | 5/35                          | 10  |  |                |
| 4   req                      | uest an additional 3-month extension of time un   | m - 5/12                      | , 20_13   | 6.400  | 4.0            |
| 5 For (                      | calendar year , or other tax year begin   | ning _ <u>7/01</u>            | $\_\_\_\_$ , $20$ $11$ , and ending $\_$                                | _ <u>6/30</u> ,20  | 12             |
|                              | e tax year entered in line 5 is for less than 12 m  | onths, check r                | eason.  | Final return   |                |
|                              | Change in accounting period   |                               |   |  |                |
|                              |   |                               | spectfully requests ac  |  | <u>to</u>      |
| _ <u>ga</u> :                | ther information necessary to   | <u>file a co</u>              | <u>mplete and accurate ta</u>   | ax return.   |                |
|                              |   |                               |   |  |                |
| 8a If the nonr               | s application is for Form 990-BL, 990-PF, 990-T efundable credits. See instructions   | , 4720, or 606                | 9, enter the tentative tax, less any                                    | 8a \$  |                |
| payr                         | is application is for Form 990-PF, 990-T, 4720, on ments made. Include any prior year overpayment Form 8868.                | r 6069, enter at allowed as a | any refundable credits and estimat<br>credit and any amount paid previo | ed tax<br>ously<br>. 8b\$  |                |
| c Bala<br>EFT                | Ince due. Subtract line 8b from line 8a Include y<br>PS (Electronic Federal Tax Payment System). S                          | our payment                   | with this form, if required, by using                                   | 8c \$  |                |
|                              |   |                               | st be completed for Part II o   | only.  |                |
| Under penalt<br>correct, and | ies of perjury, I declare that I have examined this form, including complete, and that I am authorized to prepare this form |                               | nedules and statements, and to the best of my                           | knowledge and belief, it is true,  |                |
| Signature •                  | · Udele Kaneda Title  | · LFA                         |   | Date -2/1  | 11/13          |
| RAA                          | Time Time   |                               |   | Date .   |                |