

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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SCANNED JUN 23 2014

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)

A Oranfo Públic

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the 2	2012 calend	dar year, or tax y	year beg <u>i</u> r	ning 7/0	1	, 20	112, and	d endin	g 6/			, 2013		
В	Check if app	plicable	С								DE	Employer Iden	tification Number		
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	\vdash	•	Oakland, C									510-444	1-0640		
	Initial		, ,		_						├	310-444	1-0040		
	Termin	ated											•		
	Amend	led return										Gross receipts			
	Applica	ation pending	F Name and addre	ess of principa	al officer Ta	j James	1			l ''	-	p return for af	H''' H'''		
	_		Same As C	Above		-				H(b) Are all	affilia	tes included? i a list (see in	retructions) Yes No		
$\overline{}$	Tax-exen	npt status	X 501(c)(3)	501(c) () ∢ (ın	sert no.)	4947(a)(1) or	527	1 " 100,	attau	i a iist (see iii	isu uctions)		
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	b Ne	t unrelated	business taxab	le income				7 b							
												Year	Current Year		
_	8 Co	ntributions	and grants (Pa	rt VIII, line	e 1h)					E	5,13	10,446.	4,695,915.		
ž	9 Pr	ogram sen	vice revenue (Pa	art VIII, lin	e 2g)						4	71,326.	1,111,608.		
Revenue	10 Inv	estment ır	ncome (Part VIII	, column ((A), lines 3, 4	, and 7d)						191.	31.		
æ	11 Ot	her revenu	e (Part VIII, coli	umn (A), l	ines 5, 6d, 8d	, 9c, 10c, a	and 11e)					11,981.	18,969.		
	12 To	tal revenue	e – add lines 8	through 11	(must equal	Part VIII,	column (A	(), line	12)		6,59	93,944.	5,826,523.		
	13 Gr	ants and s	imilar amounts	paid (Part	IX, column (/	A), lines 1-	3)				90	04,982.	262,406.		
	14 Be	nefits paid	I to or for memb	ers (Part 1	X. column (A	(), line 4)									
			er compensation				ımn (A). li	ines 5-1	10)		3 1 1	65,631.	3,292,043.		
8	10 - D		fundraising fees				(),			<u> </u>		79,106.	51,089.		
Expenses	Iba Fi	otessionai	iunuraising lees	(Fait IX,	columni (A), i				1						
ğ	b To	tal fundrai	sing expenses (l ses (Part IX, col ses Add lines 13	Part IX, co	olumn (D), lın	e 25)	SEN	BU,	<u> 933/</u>	, 14	* 1		State of the state		
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	18 To	tal expens	es Add lines 13	3-17 (must	equal Part IX	(column	(A), line 25	5) 2018	4 /û	\	6,5	11,296.	5,692,400.		
	19 Re	evenue les	s expenses. Sub	tract line	18 from line 1	ı a l \ ,	MY 2)	1 50,	. /0	1		82,648.	134,123.		
8						<u> 151 #</u>	1121					Current Year			
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Form 990 (2012) 12

Check if Schedule O contens a response to any question in this Part III Briefly describe the organization smission The Movement. Strategy Center works to build a progressive movement, by increasing the capacity of individuals, organizations, alliances and sectors to be more strategic. collaborative and sustainable. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 1 Yes, describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? 1 Yes X No. 2 Yes X No. 2 Yes X No. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services. as measured by expenses Section 5010(5) and 501(6) generations of Section 6010(5) and 501(6) generations of Section 6010(6) generations of Section 6010(6) generations of Section 6010(6)	form 990 (2012) Movement Strategy Center	20-103764	3 Page 2
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The Movement Strategy Center works to build a progressive movement, by Increasing the capacity of individuals, organizations, alliances and sectors to be more strategic 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E22. 1 Yes, Sectoric these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? Yes X No. If Yes, describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 90/(6) and 9010(6) and 9010(6) granizations and section 499/(6)(1) trusts are required to report the amount of grants and allocations to others, the fold expenses, and revenue, if any, for each program service reported. 4a (Code: (Expenses \$			Х
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AND LINES TO THE PERSON OF THE PERSON OF THE PARTY OF THE	4 e Total program service expenses ► 4,596,943.		

			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		X
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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	27.54	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 ⁹ If 'Yes,' complete Schedule D, Part VI	11a	х	
ı	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? If 'Yes,' complete Schedule D, Part VII	11 b		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	-	х
	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		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		Х
1	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	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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
١	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
19	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
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	<u> </u>

Form 990 (2012) Movement Strategy Center

Pan IV Checklist of Required Schedules (continued)

	one distribution of the di		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	х	
-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	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
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
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		_x
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Х	
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA	· · · · · · · · · · · · · · · · · · ·	Form	990	(2012)

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

				\perp	Yes	No
1	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	121			
1	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	1 b	0			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gamıng	1	l c	X	
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	167			
1	f at least one is reported on line 2a, did the organization file all required federal employment	it tax returns?	7	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in	structions)				
	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	ئے ا	3 a		X
ı	f 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		<u> </u>	3 Ы		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other foreign country. ►	er authority over, a inancial account)?		4 a		Х
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F	inancial Accounts				
5	Was the organization a party to a prohibited tax shelter transaction at any time during the ta			5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	-		5 b	\dashv	<u> </u>
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	or transaction.		5 c	-	
				7		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	•	_ 6	6 a		X
ļ	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	٠	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).					囊
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	eartly for goods and	7	7 a		X
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is Form 8282?	vas required to file		7 c		Х
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		2		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		<u> </u>	7 e		<u>X</u>
,	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?		71		X
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	<u>_</u>	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a		7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the lave excess business		В		
9	Sponsoring organizations maintaining donor advised funds.		3			75
	a Did the organization make any taxable distributions under section 4966?			9 a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?		•	9 b		
10	Section 501(c)(7) organizations. Enter:		<u> </u>		1	112
	a Initiation fees and capital contributions included on Part VIII, line 12	10a	<i>\</i>	劉		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ы		7		
	Section 501(c)(12) organizations. Enter	l 1	Time	77	A STATE OF THE STA	424
	a Gross income from members or shareholders	11 a				
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 Ь		F		1.4
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12	2 a	1-64	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	;			, ;
	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	-		'ـــــــــــــــــــــــــــــــــــــ
	a is the organization licensed to issue qualified health plans in more than one state?	In O	13	3a		
	Note. See the instructions for additional information the organization must report on Schedu	ie U		J		
	b 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	13b				
	c Enter the amount of reserves on hand	13c		4		v
	a Did the organization receive any payments for indoor tanning services during the tax year?	Cahadula O	_	4a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Scriedule U .		4 b		

Form 990 (2012) Movement Strategy Center 20-1037643 Page 6 Partivi 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. X Check if Schedule O contains a response to any question in this Part VI Section 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 3 1 a 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 Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7 a **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? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a X a The governing body? X b Each committee with authority to act on behalf of the governing body? 86 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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. 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? 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 X 13 X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a Х **b** Other officers of key employees of the organization See Schedule O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

436 14th Street, Suite 500 Oakland CA 94612 510-444-0640

, , ,	•						
Form 990 (201:		Strategy Center				20-1037643	Page 7
Part VII Co	mpensation o	f Officers, Directors,	Trustees,	Key Employees,	Highest Co	mpensated Employe	es, and
In	dependent Cor	ntractors					_

Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 organization in	nor any rela	ted org	ganız			mpens	sate	any current officer, di	rector, or trustee	. <u> </u>
				(C	;)					
(A) Name and Title	(B) Average hours per	offic	er an	not eless p d a d	checl perso precto	k more to n is both or/trustee	han n an e)	(D) Reportable compensation from	Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Marianne Manilov	1_1_									
Board Chair	0	X	ļ	Х			_	0.	0.	0.
(2) Evelin Shen	1	ł		,,	١.					•
Secretary	0	X	Н	Х				0.	0.	0.
	$-\frac{1}{0}$	 ↓		х				0.	0.	0
Treasurer (4) Sarah Alvarez	1	X	\vdash				- -	0.	<u> </u>	0.
Board Member	 ;	x						0.	0.	0.
	40	 ^			_		┢╌			
Executive Dir.	16-	t x		х				100,754.	0.	10,028.
(6) Sihle Dinani	40	 								
Finance Dir.	7-0-	1		Х		1	l	57,564.	0.	9,894.
(7) Anthony K. Jones	40_									
Project Director	0	Ī				Х		132,340.	0.	9,353.
(8) Elizabeth Butler	40									
Project Director	0	<u> </u>			_	Х	L_	100,625.	0.	0.
	 	ļ								
(10)	 -	 					_			
(11)	 	 	-						<u> </u>	<u> </u>
(12)	 	├	\vdash							
(13)		-				-	_			1
(14)			_							

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[Partivill Section A. Officers, Directors, Tru	stees,	Key	En	ıple	oye	es,	and	d Highest Con	pensated Emp	loyees (cont)
	(B)			((()				_	
(A)	Average	(do	not o	Pos check	sition more	than	one	(D)	(E)	(F)
Name and title	hours	box	, unle	ess pe	erson	is both	h an	Reportable compensation from	Reportable compensation from	Estimated
	week	<u> </u>	-					the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount of other compensation
	(list any hours	individual or director	ışt	Officer	હ	Highest co employee	9	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	for related	唇囊	틍	萸	3	Se s	절	· ·		and related organizations
	organiza - tions	R E	르		Key employee	اڭ ۋ	l			
	below dotted	individual trustee or director	nstitutional trustee		ď	l ĕ				
	line)	"	8			8	Former			
		Ĺ_			<u> </u>	<u> </u>	L			
(15)	4	1								
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79) 	1									
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[21)	1	1								
					_		$oxed{oxed}$		·	<u> </u>
(22)	J]								
	1	<u> </u>				<u> </u>		<u> </u>		
(23)	1]				['				
(24)]	j]		ļ]		
(25)	1]		İ						
					L_		<u> </u>			
1 b Sub-total							•	391,283.	0.	29,275
c Total from continuation sheets to Part VII, Section	on A						•	0.	0.	0
d Total (add lines 1b and 1c)							•	391,283.	0.	29,275
2 Total number of individuals (including but not limited	to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	00 of reportable comp	pensation
from the organization > 3										
										Yes No
3 Did the organization list any former officer, direct	or or trus	stee,	key	em	ploy	ee, c	or h	ighest compensat	ed employee	
on line 1a ⁵ If 'Yes,' compléte Schedule J for suc	h ındıvıdı	ıal	-							3 X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	ition	and	oth	er compensation	from	
the organization and related organizations greate	r than \$1	50,0	00'?	If '	Yes'	com	plet	e Schedule J for		4 X
such individual .										4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	comper	isatio	n fr	om	any	unre	elate	ed organization or	ındıvıdual	5 X
Section B. Independent Contractors	, comple	10 0	or iel	Juie	5 10	, sul	-11 P			
1 Complete this table for your five highest compensation	sated ind	epen	den	t co	ntra	ctors	tha	at received more t	han \$100.000 of	
compensation from the organization. Report compens	sation for	the c	alen	dar	year	endı	ng v	with or within the or	ganization's tax yea	r
(A) Name and business addi								(B)),	(C)
Name and business addi	ess							Description	ot services	Compensation
		•								
2 Total number of independent contractors (including b	ut not lim	ited t	o the	ose	liste	d abo	ve)	who received more	than	The state of the state of the
\$100,000 in compensation from the organization	► ∩								Ĕ.	
	<u>-</u>									

	Check if Schedule O contains a resp	onse to any question	on in this Part VIII			. 🔲
``			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f: \$	168,248. 4,527,667.				
	h Total. Add lines 1a-1f	•	4,695,915.			ļ
휥		Business Code	1703073201			
PROGRAM SERVICE REVENUE	2a Consulting fees b c d e f All other program service revenue		1,111,608.	1,111,608.		
쭕	g Total. Add lines 2a-2f		1,111,608.			
	Investment income (including dividends other similar amounts) Income from investment of tax-exempt	•	31.			31.
	5 Royalties (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(ii) Personal				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses	(ii) Other				
	c Gain or (loss) d Net gain or (loss)					
OTHER REVENUE	8a Gross income from fundraising events (not including \$	a b				
0	c Net income or (loss) from fundraising e	events				
	·	a				
	b Less direct expensesc Net income or (loss) from gaming active	uties •				
	10a Gross sales of inventory, less returns	a				
	b Less cost of goods sold	b			j	
	c Net income or (loss) from sales of inve					
	Miscellaneous Revenue	Business Code		~ ~~~~		
	11a Miscellaneous		18,969.			18,969.
	b					
	d All other revenue		<u> </u>		****	
	e Total. Add lines 11a-11d	•	18,969.			
	12 Total revenue. See instructions	•	5,826,523.	1,111,608.	0.	19,000.
==		· · ·				F 000 (2212)

Page 10

	tion 501(c)(3) and 501(c)(4) organizations must con		her organizations must co	omolete column (A)	
-000	Check if Schedule O contains a r				. X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	209,170.	209,170.	The state of the s	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	53,236.	53,236.		And Arrest to
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	33,230.	33,230.		
4	Benefits paid to or for members			A grant of the contract of	
5	Compensation of current officers, directors, trustees, and key employees	197,922.	95,154.	69,066.	33,702.
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 .	2,606,524.	2,031,702.	246,659.	328,163.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	256,213.	204,251.	23,390.	28,572.
10	Payroll taxes	231,384.	178,833.	24,439.	28,112.
	Fees for services (non-employees)	i	 		
_	Management		_		
	Legal	4,429.		4,258.	171.
	: Accounting	22,366.		22,366.	
	Lobbying	<u> </u>			F1 000
	Professional fundraising services See Part IV, line 17	51,089.			51,089.
1	Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Sch		<u> </u>		
		1,034,664.	947,423.	73,089.	14,152.
	Advertising and promotion	50,182.	50,141.	12.	29.
13	Office expenses	104,379.	82,412.	7,510.	14,457.
14	Information technology	16,245.	11,703.	1,270.	3,272.
15 16	Royalties Occupancy	225 244	168,889.	20 240	20 215
17	Travel .	225,344. 494,333.	458, 313.	28,240. 2,951.	28,215. 33,069.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	494, 333.	430,313.	2,931.	
19	Conferences, conventions, and meetings	19,206.	17,554.	11.	1,641.
20	Interest	 			<u> </u>
21	Payments to affiliates	10.055	40 01-		
22	Depreciation, depletion, and amortization	18,878.	12,317.	4,444.	2,117.
23 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.)	34,912.	23,976.	6,794.	4,142.
i	Miscellaneous	31,382.	22,536.	2,417.	6,429.
	Campaign education & outreach	30,542.	29,333.	608.	601.
	·				
	d				<u> </u>
	e All other expenses	<u></u>			
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational	5,692,400.	4,596,943.	517,524.	577,933.
	campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here >

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Unrestricted net assets

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

22 23

24

25 26

27

28

337,527

129,553.

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 156,183. 796, 154. 2 Savings and temporary cash investments 490,662. 240,724. 3 3 Pledges and grants receivable, net 1,166,500. 992,231. 4 Accounts receivable, net 332,187. 207,473. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 97,751. 42,462. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 78,551 b Less: accumulated depreciation. 10b 56,053 10 c 33,466 22,498 11 Investments - publicly traded securities. 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 15 Other assets. See Part IV. line 11 20,519 15 17,158. 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,241,979 16 2,373,989. Accounts payable and accrued expenses 17 17 337.527 319,426 18 18 Grants payable 19 19 Deferred revenue 15.988 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22

1,774,899. 648,835. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete 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 33 33 Total net assets or fund balances 1,904,452 2,038,575. Total liabilities and net assets/fund balances 34 2,241,979 2,373,989.

X and complete

BAA

P

24

28

335,414

389,740.

Forr	n 990 (2012) Movement Strategy Center	20-1037643		⊃age 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			[]
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	5,826	,523.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	5,692	
3	Revenue less expenses Subtract line 2 from line 1	3		,123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,904	
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments .	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,038	,575.
Pa	Rivancial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			. П
			Ye	s No
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			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both:	iewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
1	b Were the organization's financial statements audited by an independent accountant?		2b X	.
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both:	parate		
	X Separate basis Consolidated basis Both consolidated and separate basis			
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c }	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule ${\sf O}$			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	ıle	3 a	Х
١	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	
BAA			Form 99	0 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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



				ateg												037643			
										rganızations					See i	nstruct	ions.		
The o	Ť									For lines 1 thro	•		•						
1	_									of churches des		section	n 170(b)	(1)(A)(i)	•				
2	Ш	A so	hool o	describ	ed ın	sectio	n 170(b)) (1)(A)	(ii). (At	tach Schedule	E.)								
3	\sqcup	A ho	spital	or a co	oopei	ative I	ospital	service	e organ	ization describ	ed in se d	ction 17	0(ь)(1)(4	V)(iii).					
4		A m	edical	resear	ch or	ganıza	ition ope	erated	ın conj	unction with a	hospital (describe	ed in sec	tion 17	0(ь)(1)(/	4)(iii) . Er	nter the hos	pital's	3
				, and s															
5	=	170(b)(1) (4)(iv).	(Con	iplete l	Part II)		_	or university owi	•		-		I unit des	scribed in	section		
6	1		•	•		-				ental unit descr									
7	띔	ın se	ection	1 70 (b)	A)(I))(vi). ((Comple	te Par	t II.)	part of its suppo			iental un	it or fron	n the ger	neral pub	lic described	1	ž
8	=									(A)(vi). (Comple		•							
9	_	relat unrel (Cor	ed to i ated bi nplete	ts exem Isiness to Part I	npt fui axable II)	nctions	- subje e (less sec	ct to ce ction 51	ertain ex 1 tax) fro	3-1/3% of its sup sceptions, and (2 om businesses acc	2) no mor quired by th	e than 3 ne organiz	3-1/3% o zation afte	of its sup er June 30	port from), 1975 S	n aross ir	nvestment ir	m activicome	/ities and
10		An c	organı	zation (organ	ıızed a	nd opera	ated e	xclusive	ely to test for p	ublic safe	ety See	section	1 509(a)	(4).				
11	ш	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.																	
		a 「	Туре	e i	b	Typ	oe II	С	Typ	e III – Functio	nally inte	egrated		# [] ·	Type III	- Non-fi	unctionally	ıntegr	ated
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).																		
f		If the		nization		ved a v	written de	etermin	nation fr	om the IRS that	ıs a Type	і, Туре	II or Typ	e III sup	porting o	organizati	ion,		
g		Sinc	e Aug	just 17,	2006	5, has	the orga	anızatıd	on acce	pted any gift	or contrib	oution fr	om any	of the f	ollowing	persons	s?		
																		Yes	No
		(i)	A pe	erson w w, the	ho di gove	rectly rning b	or indire ody of t	ectly co he sup	ontrols, oported	either alone or organization?	r togethe	r with pe	ersons d	lescribe	d in (ii)	and (III)	11 g (i)		
		(ii)	A fa	mily m	embe	r of a	person (descrit	oed in (i) above?							11 g (ii)		
		(iii)	A 35	% con	trolle	d entity	y of a pe	erson (describ	ed in (i) or (ii) a	above?						11 g (iii)		
h		Prov	vide th	e follo	wing	ınform	ation ab	out the	e suppo	orted organizati	ion(s)						<u> </u>	·	
		(i) Na	ame of s organiz	supported ation			(ii) EIN		(desc	rpe of organization ribed on lines 1-9 ve or IRC section e instructions))	organiz column (your go	Is the zation in i) listed in overning ment?	(v) Did yo the organ column (supp	ızatıon in	organız colui	s the tation in in (i) ed in the S ?	(vii) Amoun sup	t of mon	ietary
					i			- 1			Yes	No	Yes	No	Yes	No			
(A)				_															
			_																
(B)				<u> </u>	{							ļ							
(C)																			
(D)					ļ														
	_									-	1								
<u>(E)</u>											 		 	 	 	 			
Total																			
BAA	For	Par	erwo	rk Redi	uctio	n Act N	lotice, s	ee the	Instru	ctions for Forn	n 990 or 9	990-EZ.			Schedule	e A (Forn	n 990 or 990)-EZ) 2	2012

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support				 			
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,122,193.	2,036,544.	2,843,667.	6,110,456.	4,695,915.	18,808,775.	
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	3,122,193.	2,036,544.	2,843,667.	6,110,456.	4,695,915.	18,808,775.	
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)						5,289,546.	
6	Public support. Subtract line 5 from line 4						13,519,229.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) Þ	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	3, 122, 193.	2,036,544.	2,843,667.	6,110,456.	4,695,915.	18,808,775.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,457.	550.		191.	31.	10,229.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	850.	865.	5,419.	11,981.	18,969.	38,084.	
11	Total support. Add lines 7 through 10						18,857,088.	
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	2,632,636.	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗍	
Sec	tion C. Computation of Pu							
14		•	•	ne 11, column (f)	1	14	71.69%	
	Public support percentage from					15	66.62 %	
16 a	16a 33-1/3% support test — 2012. 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							
ŧ	33-1/3% support test — 2011. If and stop here. The organization	the organization on qualifies as a pu	did not check a bo iblicly supported o	ox on line 13 or 10 or 1	6a, and line 15 is	33-1/3% or more,	check this box	
17 a	17a 10%-facts-and-circumstances test — 2012. 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 or more, and if the organization organization meets the 'facts-ar	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	es' test, check this ation qualifies as	box and stop he a publicly suppor	re. Explain in Par ted organization	t IV how the ►	
	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a				
DAA		-			0 -	bodulo A /Form Q	000 000 0010	

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.)

<u> </u>	tion A. Public Support			-	 ,		
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').	(a) 2008	(6) 2009	(6) 2010	(a) 2011	(e) 2012_	(iy rota)
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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf the value of services or facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning ın) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,			<u> </u>			
	royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses 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)						
	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) ► ∏
$\overline{}$	tion C. Computation of Pu						
15	Public support percentage for 20	•		ne 13, column (f))	<u> </u>	15 %
16	Public support percentage from	2011 Schedule A,	Part III, line 15				16 %
Sec	tion D. Computation of Inv	estment Incom	me Percentag	e			
17	Investment income percentage f	for 2012 (line 10c,	column (f) divide	ed by line 13, colu	umn (f))	<u> </u>	17 %
18	Investment income percentage f	from 2011 Schedu	ile A, Part III, line	17			18 %
19 a	33-1/3% support tests — 2012. I	f the organization	did not check the	box on line 14,	and line 15 is mor	e than 33-1/3°	%, and line 17
-	is not more than 33-1/3%, check		• -			-	L
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization qu	ualifies as a public	ly supported o	organization - L
20	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b, (crieck this box and	see instruction	ons

Schedule A	(Form 990 or 990-EZ) 2012	Movement	Strategy	Center	20-1037643	Page 4
Parily	Supplemental Informat Part II, line 17a or 17b; (See instructions).	ion. Comple and Part III,	ete this part to line 12. Also	o provide the ex complete this	planations required by Part II, line part for any additional information.	10;
			-			
			. .			
			 _			
_						
			-			
		- 				

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(6)

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 1-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

- 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 Ratell A. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political expenditures ► S Volunteer hours PartiliB Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 0. **►** \$ 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 No 4a Was a correction made? Yes No b If 'Yes,' describe in Part IV. Partifical Complete if the organization is exempt under section 501(c) , except section 501(c)(3) Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-(c) EIN (d) Amount paid from filing organization's funds. If none, enter-0-(a) Name (b) Address (1) (2) (3) (4) (5)

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

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2017				20-1037	
Part II-A Complete if t section 501(on is exempt under se	ction 501(c)(3) and f	iled Form 5768 (ele	ction under
A Check ► ☐ if the filing	organization belor	ngs to an affiliated group (and	list in Part IV each affiliate	ed group member's name,	
		nd share of excess lobbying			
		ecked box A and 'limited co			
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence p	ublic opinion (grass roots lo	ibbying)	1,339.	
b Total lobbying expenditu	ires to influence a	legislative body (direct lobb	oying).	3,408.	
c Total lobbying expenditu	ires (add lines 1a	and 1b)	ſ	4,747.	. 0
d Other exempt purpose e	xpenditures			5,687,653.	
e Total exempt purpose ex	kpenditures (add 1	ines 1c and 1d)	. [5,692,400.	0
f Lobbying nontaxable am both columns.	ount. Enter the a	mount from the following tal	ole in	434,620.	
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nontaxable	amount 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 of	over \$1,500,000.		
Over \$17,000,000	. <u> </u>	\$1,000,000.			
g Grassroots nontaxable a	·			108,655.	0.
h Subtract line 1g from lin		•	·	0.	0
i Subtract line 1f from line	e 1c. If zero or les	s, enter -0-		0.	0.
j If there is an amount othe section 4911 tax for this	r than zero on eithe year?	er line 1h or line 1i, did the org	ganization file Form 4720 re	porting	Yes No
(Some		4-Year Averaging Period Unat made a section 501(h) eluns below. See the instructi	ection do not have to co		
	Lob	bying Expenditures During	4-Year Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount			475,565.	434,620.	910,185
b Lobbying ceiling amount (150% of line 2a, column (e))					1,365,278
c Total lobbying expenditures			130,983.	4,747.	135,730
d Grassroots nontaxable amount			118,891.	108,655.	227,546
e Grassroots ceiling amount (150% of line 2d, column (e))	·				341,319
f Grassroots lobbying expenditures			118,304.	1,339.	119,643
RAA				Schedule C (Form 9	40 or 990.F7\ 2012

Schedule C (Form 990 or 990-EZ) 2012 Movement Strategy Center 20-1037643

Partill B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

for each 'Vec' recognics to lines to through to below, arounds in Bort IV a detailed description	(ž)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description 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 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?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?			
j Total. Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			· · · · · · · · · · · · · · · · · · ·
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			
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 501 section 501(c)(6).	(c)(5)	, or	
			Yes
1 Were substantially all (90% or more) dues received nondeductible by members?			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
	(c)(5) Part II	, or s I-A, li	3 ection 501(c)
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? PartilliB Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b)	(c)(5) Part II	, or s I-A, li	3 ection 501(c)
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Rattill B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	(c)(5) Part II	I-A, I	3 ection 501(c)
2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.' Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political)	I(c)(5) Part II	I-A, I	3 ection 501(c)
2 Dues, assessments and similar amounts from members. 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).	(c)(5) Part II	1 1	3 ection 501(c)
 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.' Dues, assessments and similar amounts from members. 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 	(c)(5) Part II	1 1 2a	3 ection 501(c)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2012

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мот	Mement Strategy Center				20-1037643	
201	Organizations Maintaining Done the organization answered 'Yes'	or Advised Funds or Ot	her Similar Fu	inds or Acc		te if
	the organization answered res	(a) Donor advised		(b) F	unds and other ac	counts
1	Total number at end of year .	(a) Borior davised	3 141143	 	and and other de	
2	Aggregate contributions to (during year).			 		
3	Aggregate grants from (during year)					<u> </u>
4	Aggregate value at end of year			 		
_	,					
5	Did the organization inform all donors and do are the organization's property, subject to the			donor advised	funds Yes	No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	it of the donor or donor advisor	or, or for any othe	er purpose co	nferring Yes	No
গ্র	Conservation Easements. Comp			s' to Form !	990, Part IV, Iir	<u>ie 7. </u>
1	Purpose(s) of conservation easements held be	by the organization (check all	that apply).	_	 -	
	Preservation of land for public use (e.g.,	recreation or education)	Preservation	of an historic	ally important land	area
	Protection of natural habitat		Preservation	of a certified	historic structure	
	Preservation of open space		- -			
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation co	ontribution in the fo			
					Held at the End of	the Tax Year
	a Total number of conservation easements			2 a		
	Total acreage restricted by conservation ease			2 b		
•	Number of conservation easements on a cert	tified historic structure include	ed in (a)	2 c		
(Number of conservation easements included structure listed in the National Register			2 d	.=	
3	Number of conservation easements modified, tra tax year ►	insferred, released, extinguished	d, or terminated by	the organization	on during the	
4	Number of states where property subject to cons	ervation easement is located 🕨				
5	Does the organization have a written policy reand enforcement of the conservation easeme				<u></u>	No
6	Staff and volunteer hours devoted to monitoring,				ar	
7	Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservat	ion easements dur	ing the year		
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the	requirements of s	section 170(h)	(4)(B)(I) Yes	No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	ts conservation easements in its to the organization's financia	revenue and expe al statements that	ense statement describes the	t, and balance sheet e organization's acc	, and counting for
Ŗā	Conservation easements Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica	I Treasures, o	or Other Sir	milar Assets.	<u>_</u>
1	a If the organization elected, as permitted undo art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	er SFAS 116 (ASC 958), not the	o report in its rev	enue stateme	ent and balance shi public service, prov	eet works of ide,
	b If the organization elected, as permitted undi- historical treasures, or other similar assets held following amounts relating to these items:	er SFAS 116 (ASC 958), to re for public exhibition, education,	port in its revenu or research in furt	e statement a herance of pub	and balance sheet of the service, provide to	works of art, the
	(i) Revenues included in Form 990, Part VII	I, line 1			► \$	
	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of art, amounts required to be reported under SFAS			ancial gain, pro	ovide the following	
	a Revenues included in Form 990, Part VIII, lin	ne 1			► \$	
	h Accete included in Form 990 Part Y				▶ ¢	

ochedule D (Form 990) 2012 MOVE	ment Stra	rcegy	Center		20-103		1 age 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (contil	nuea)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other	records, check a	iny of the following that a	are a significant use of its	collection	
a Public exhibition			d Loan	or exchange programs			
b Scholarly research			e Other	·			
c Preservation for future gener	rations						
4 Provide a description of the organia Part XIII.	zation's collecti	ons and	explain how the	y further the organization	's exempt purpose in		
5 During the year, did the organizato be sold to raise funds rather t	ition solicit or han to be mai	receive	donations of a	t, historical treasures,	or other similar assets	Yes	No
Part IV Escrow and Custodial Arr	angements. (Comple	te if the organiz	ation answered 'Yes' t	o Form 990, Part IV, lir	ne 9, or	
1 a Is the organization an agent, tru		<u> </u>		for contributions or ot	her assets not included		
on Form 990, Part X? b If 'Yes,' explain the arrangement	t in Part XIII a	nd com	plete the follow	ing table:		Yes	No
						Amount	
c Beginning balance	•			•	1 c		
d Additions during the year					1 d		
 Distributions during the year 					1 e		
f Ending balance					1f		
2a Did the organization include an a	amount on Fo	rm 990,	Part X, line 213	?	•	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check h	ere if the expla	ntion has been provide	d in Part XIII	_	
Part V Endowment Funds. C	Complete if	the or	ganization ar	swered 'Yes' to Fo	orm 990. Part IV. lu	ne 10.	
	(a) Curren		(b) Prior ye		(d) Three years	(e) Four y	ears
1 a Beginning of year balance.		-	(2)			+ " - '	
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships			İ				
 Other expenditures for facilities and programs 							
f Administrative expenses						_1_	
g End of year balance							
2 Provide the estimated percentage	e of the curre	nt year	end balance (lii	ne 1g, column (a)) held	as.		
a Board designated or quasi-endown	nent ►		8				
b Permanent endowment ▶							
c Temporarily restricted endowme	nt ►		8				
The percentages in lines 2a, 2b,		d equal					
3 a Are there endowment funds not in organization by:	the possession	of the o	organization that	are held and administere	d for the	Yes	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related	organizations	listed a	s required on S	chedule R? ·		3b	
4 Describe in Part XIII the intende	d uses of the	organiz	ation's endowm	ent funds.		<u> </u>	
Part VI Land, Buildings, and	Equipment	. See	Form 990. P	art X. line 10.		· 	
Description of property		(a) Cos	st or other basis		(c) Accumulated depreciation	(d) Book	value
1 a Land		,		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
b Buildings.							
c Leasehold improvements.		-					
d Equipment		 -		78,551.	56,053.		2,498.
e Other		 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 	-, -, -, 0.
Total. Add lines 1a through 1e. (Colur	nn (d) must ei	nual Fo	rm 990 Part X	column (B) line 10(c))	7	2,498.
BAA	(2)	1441 / 0/	July rait My			dule D (Form 9	

Schedule D (Form 990) 2012 Movement Strategy Center2	20-1037643	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return	
1 Total revenue, gains, and other support per audited financial statements	1	5,826,523.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities . 2 b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII) . 2d		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	. 3	5,826,523.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,826,523.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		
Total expenses and losses per audited financial statements		5,692,400.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	-3 -44	<u> </u>
a Donated services and use of facilities . 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	5,692,400.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	275	
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIII.) 4b	7 11	
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,692,400.
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	IV, lines 1b and ny additional in	d 2b; Part V, nformation
Part X - FIN 48 Footnote		
The Organization has evaluated its current tax positions as of June	30, 2013	and is
not aware of any significant uncertain tax positions for which a re	serve wou	ld_be
necessary.		
~		
BAA	Schedule D	(Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

aldroduce weiesten

Mosz	ement Strategy Center					20-103764	3
		olete if the orga	nization ar	nswered "	es' to Form 990. Part I		
	Form 990-EZ filers are not re	equired to comp	lete this pa	art.			
	Indicate whether the organization	raised funds th	rough any				
а	X Mail solicitations			е	X Solicitation of non-	government grants	
b	X Internet and email solicitations	s		f	X Solicitation of gover	rnment grants	
С	X Phone solicitations			g	Special fundraising	events	
d	In-person solicitations						
	Did the organization have a written of employees listed in Form 990, Pai	rt VII) or entity	ın connect	ion with p	rofessional fundraising	services?	X Yes No
b	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	viduals or entities ne organization	s (fundraise	rs) pursua	nt to agreements under w	hich the fundraiser is to	oe
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser iy or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	Megan Wilson 1250 Page #5 SF CA 94117	Grant Writer		х	247,890.	14,625.	233, 265.
2	Breonna Cole POBox 9794 Oakland CA 94613	Grant Writer		x _	239, 694.	11,625.	228,069.
3	Brinda Maira 1819 Otowi Dr Santa Fe NM 87505	Grant Writer		Х	125,000.	11,000.	114,000.
4							
5							
6							
7							
8							-
9							
10							
- Γotal	List all states in which the organizati			•	612,584.	37,250.	575,334.
3	or licensing	-	-		ontributions or has been		

		G (Form 990 or 990-EZ) 2012 Movement Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gr	the organization a event contribution	enswered 'Yes' to Fo	20-10 orm 990, Part IV, III e on Form 990-EZ,	ne 18, or reported
		ziot evente with gross receipte gr	(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
R E			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts .		ļ		ļ
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)		<u> </u>		
	4	Cash prizes				
D	5	Noncash prizes .		ļ. <u> </u>		
D RECT	6	Rent/facility costs .		<u> </u>		ļ
	7	Food and beverages .				
X P E	8	Entertainment				
E P E N S E S	9	Other direct expenses		<u> </u>		<u> </u>
S		Direct expense summary Add lines 4 th	• • • • • • • • • • • • • • • • • • • •		•	
Dos	11	Net income summary Combine line 3, c Gaming. Complete if the organization			+ 1\/ line 10 or rer	orted more than
<u>įr ai</u>	L 131	\$15,000 on Form 990-EZ, line 6a		55 to 1 0/111 550, 1 ai	t iv, inte 15, of tep	orted more triain
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue	<u>.</u>			
	2	Cash prizes .				
D P E N S	3	Non-cash prizes				
C S T E S	4	Rent/facility costs		<u> </u>		
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 th	rough 5 in column (d)			
_	8	Net gaming income summary. Combine	lines 1, column (d) an	d line 7		
9	Ent	er the state(s) in which the organization o	nerates daming activit	iec.		
	a Is ti	he organization licensed to operate gamin				Yes No
10:	 a We	re any of the organization's gaming licens	es revoked, suspended	d or terminated during th	 	Yes No

b If 'Yes,' explain:

BAA

Sche	edule G (Form 990 or 990-EZ) 2012 Movement Strategy Center	20-1037643	Page 3
	Does the organization operate gaming activities with nonmembers?	20-1037043 Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	. Yes	□ No
	Indicate the percentage of gaming activity operated in: The organization's facility	13a	8
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco		
	Name •		
	Address •		
ŀ	Does the organization have a contact with a third party from whom the organization receives gaming reverse if 'Yes,' enter the amount of gaming revenue received by the organization \$ and of gaming revenue retained by the third party \$ the 'Yes,' enter name and address of the third party	nue? .	es No
	Name •		
	Address •		i
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Ye	es No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent organization's own exempt activities during the tax year ► \$		
Pa	rt IV Supplemental Information. Complete this part to provide the explanations require columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appetthis part to provide any additional information (see instructions).	red by Part I, lin blicable. Also co	e 2b, mplete
			
		· - · ·	
		-	

SCHEDULE I

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

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

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S S	١	
	- 1	

2012

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification numbe 20-1037643

	Assistance	
	Parill General Information on Grants and Assistance	
dy center	ormation on	
MOVEMENT STITUTED CENTER	General Info	
Moveme	Partil	

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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

See Part IV

2

XX

限和限制 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Albany Prk Neighborhood Coun. 3334 W. Lawrence Ave., 3rd Fl							AEJ Youth
Chicago, IL 60625	36-4394374 501c3	501c3	10,000.	0.			Justice Corp
(2) Baltimore Algebra Proj							:
2524 North Charles	52-1048745 50153	50103	10.000	C			AEJ Youth Justice Corps
(3) Boston Youth Organizing	200000						
 							AEJ Youth
Boston, MA 02116	04-2261109 501c3	501c3	10,000.	0.			Justice Corps
(4) Brighton Pk Neighborhood Coun					-		,
4477 S. Archer Ave							AEJ Youth
Chicago, IL 60632	36-4229387 501c3	501c3	10,000.	0.			Justice Corp
(5) Californians for Justice							:
521 Third St., #209							AEJ Youth
	94-3256010 501c3	501c3	10,000.	0.			Justice Corp
(6) Coleman Advocates							
- 1							AEJ Youth
San Francisco, CA 94112	94-2258612 501c3	501c3	10,000.	0.			Justice Corps
(7) Community Coalition							;
8102 S. Vermont Ave.							AEJ Youth
Los Angeles, CA 90044	95-4298812 501c3	501c3	10,000.	0.			Justice Corp
(8) DRUM						•	
sevelt Ave							AEJ Youth
11373	38-3652741 501c3	501c3	10,000.	0.			Justice Corps
2 Enter total number of section 501(c)(3) and government organization	3) and government		s listed in the line 1 table			•	18
2 Enter total number of other organizations listed in the line 1 table	ions listed in the line	e 1 table		•		· :	0

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

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 .

Page 2 Schedule I (Form 990) (2012) Movement Strategy Center

Rates. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

20-1037643

(f) Description of non-cash assistance						provide the information required in Part I, line 2, Part III, column (b), and any other									1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
(e) Method of valuation (book, FMV, appraisal, other)						rt I, line 2, Part III, col		s for each	lore.				! ! ! ! ! ! !	! ! ! ! ! ! ! ! !	; ; ; ; ; ; ; ; ;	' 	
(d) Amount of non-cash assistance		,				lion required in Pa		nd restriction	f \$10,000 or n			 	 	 	 	 	·
(c) Amount of cash grant	53, 236.					rovide the informa	Funds in U.S.	the purpose a	for all grants of \$10,000 or more.			 	 	 	1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Number of recipients	79						ing Use of Grants	its to document	required		 	 					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Type of grant or assistance	1 Awards and Stipends	n	4	ısı	9	 Supplemental Information. Complete this part to additional information.	Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.	MSC uses signed grant agreements to document the purpose and restrictions for each		I			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

BAA

Schedule I (Form 990) (2012)

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) 2012 Justice Corps. Justice Corps. Ч Justice Corps Justice Corps (h) Purpose of Justice Corp Justice Corp Justice Corp Justice Corp Justice Corp Justice Corp grant or assistance ਰ AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth AEJ Youth Continuation Page 1 Employer identification number हिन्तु।।। Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance 20-1037643 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance / 10,000. 10,000. 10,000. 10,000. (d) Amount of cash grant 10,000 10,000 10,000 10,000 10,000 10,000 (c) IRC section if applicable 11-2683663 50103 11-3344389 501c3 13-2806160 501c3 23-2815998 501c3 48-1126806 501c3 35-2201240 501c3 23-2878099 501c3 27-2133211 501c3 36-2598637 501<u>c3</u> 84-1426652 501c3 (p) EIN (a) Name and address of organization or government 4242 S. Cottage Grove Ave ____ 3025 W. 37th Ave., #206_____ Movement Strategy Center Padres_Y_Jovenes_Unidos____ NW Bronx_Comm. Clergy_Coal. Philadelphia Student Union_ Sunflower Community Action. Jackson Heights, NY 11372 Make the Road NY _____ 625_Jamaica_Ave._____ Kenwood Oakland Comm Org 103_E. 196th St._____ Youth United for Change Philadelphia, PA 19104 Philadelphia, PA 19122 Los Angeles, CA 90063 Inner City Struggle Future of Tomorrow_ 124 N Townsend ---1408 N. Topeka St. 1910 N Front ____ Youth Together _ _ _ Brooklyn, NY 11208 92-10 Roosevelt_ 450_15th_#402__ Chicago, IL 60653 Wichita, KS 67214 Oakland, CA 94612 Denver, CO 80211 Bronx, NY 10468 Name of the organization 4206 Chestnut

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions. भीने की स्थापित किंद्र Employer identification number

Move	ement Strate	gy Center						20-103	3764	3			
Part	Excess Be Complete if the	enefit Trans ne organization a	actions (sec	tion 5	01(c)(3 990, Pai) and section 50 t IV, line 25a or 25b,	01(c)(4) organ or Form 990-EZ, I	nzations Part V, lin	only e 40b.	/).			
1	(a) Name of disqua	lified person	(b) Re		between o		(c) Descrip	otion of trans	action			(d) Cor	,
<u></u>			 									Yes	No
<u>(1)</u>			 			·							├
(2)													
(3)			ļ.———										
(4)			ļ							-			<u> </u>
(5)			_										
<u>(6)</u>													L
2 E	Enter the amount of section 4958	of tax incurred	by the organiza	ation ma	anagers	or disqualified pers	ons during the ye	ar under	► \$				
3 _E	Enter the amount o	of tax, if any, or	n line 2, above	, reımbı	ursed by	the organization			> \$				
Part	Complete if t	and/or From he organization reported an am	answered 'Yes	' on For	m 990-E	Z, Page V, line 38a c 5, 6, or 22.	or Form 990, Part	IV, line 26	â; or ı	the			
(a) Na	me of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) in (default?	by bo	proved ard or nittee?	(i) Wi agreei	
		l		То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)]											
-/4\			· · · · · · · · · · · · · · · · · · ·	f —	1								

	1	1	organi	Zation				ļ		COMMI	iiiiee.		
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
. (5)													
(6)													[
(7)													
(8)													
(9)													
(10)													
Total .					•	- \$							
Dartille Grants o	Accietance	Ponofiting I	ntoro	tod De	rconc								

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 M			20-1037643		age 2
Business Transactions I Complete if the organization ans	nvolving interested Personswered 'Yes' on Form 990, Part IV	ons. V, line 28a, 28b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
(1) Marianne Manilov	Board Chair	40,000.	Contract services	Yes	X
(2)	Board Charr	40,000.	CONCIACE SELVICES	+	
(3)				+	
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)				+	
(9) (10)				+	
Supplemental Information Complete this part to provide add	itional information for responses	to questions on Sched	ule L (see instructions).		
Supplemental Information					
After retiring as Board	Chair during the fi	scal vear. Mar	ianne Manilov provide	đ	
		1772 11721/1 22.		=	
program consultant servi	ices.				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

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

શીધેપુરી છો લાદ્ય લઇકેક્સુક્રલી

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. Employer identification number Name of the organization 20-1037643 Movement Strategy Center Form 990, Part III, Line 4a - Program Service Accomplishments Fiscally Sponsored Projects Alliance for Educational Justice: The Alliance for Educational Justice (AEJ) is a national alliance of twenty-six youth organizing and intergenerational groups working for education justice by organizing for non-punitive school reforms to advance student achievement In 2013, the Alliance for Educational Justice members have led community-based efforts to build restorative justice practices in school systems to address the achievement gap in 6 major cities impacting millions of youth: Chicago, Denver, Philadelphia, Baltimore, Los Angeles, and New York City. Through our Youth Justice Corps, we have trained over 300 youth from 11 cities in leadership, team-building and critical thinking skills to improve their education. AYPAL: AYPAL builds the grassroots leadership of low-income Asian & Pacific Islander immigrant and refugee families in Oakland, in order to transform school and neighborhood inequities so that all people can be healthy, safe and thriving members of their communities. In 2013, 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 trained 14 Youth Leaders to share their personal stories and to educate policy makers about their public education experience

at Assembly and Senate hearings in Sacramento.

AYPAL's first ever district-wide Asian

Schedule O (Form 990 or 990-EZ) 2012

Rebuild The Dream Innovation Fund: Rebuild The Dream Innovation Fund is a 21st____

Movement Strategy Center	20-1037643
Form 990, Part III, Line 4a - Program Service Accomplishments	
Century "think tank" that champions innovative solutions to fi	x the U.S. economy and
uplift the next generation. It is led by its founding president	t, Van Jones, who has
spent the past 20 years working for social, economic, racial,	and environmental
justice in creative, thoughtful ways. With Van's leadership, Ro	ebuild The Dream
Innovation Fund effectively integrates mass media, creative ar	tists, digital
technology and celebrities. The organization raises awareness	and pushes for change
on pressing issues, including excessive incarceration, student	loan debt, and
immigration.	
	- -
Urban Peace Movement: The Urban Peace Movement transforms the	culture and conditions
that lead to urban violence within inner cities. UPM empowers	young people to
overcome internalized oppression and work towards Justice and	Social Transformation
through community organizing, youth leadership development, an	d "culture change"
events	
In 2013, UPM's Good Jobs Organizing Academy worked as part of	the Revive Oakland
Coalition and won a Landmark Jobs Agreement for the redevelopm	ent of the former
Oakland Army Base which is projected to yield 5000 jobs in Oak	land over the life of
the project. In collaboration with the United Roots Center, UP	M also launched
DetermiNATION, a pilot empowerment circle for young Black men	who have participated
in its programs in the past. Youth from UPM's Peace Ambassado	rs Program designed and
launched an incredible public awareness campaign called "Stop	the Killing, Start the
Healing" this year as well.	

Schedule 0 (Form 990 or 990-EZ) 2012	Page 2
Name of the organization Movement Strategy Center	Employer identification number 20-1037643
Form 990, Part III, Line 4b - Program Service Accomplishments	
Core Programs	
Movement Strategy Center is a national intermediary with	more than 300 partner
grassroots organizations, alliances, and networks that op	perate at local, regional
and national levels. MSC is dedicated to the inclusion an	nd_leadership_of
traditionally marginalized communities in progressive mov	rement building. MSC places
the experience and leadership of those most impacted at t	the center of our
transformative_movement_building	
The heart of MSC's work is our core program and activities	es to support leaders,
organizations and alliances to be strategic, collaborative	ve and sustainable.
Accomplishments_this_year_include:	
MSC is a key partner with The California Endowment in adv	vancing and implementing the
goals of building communities where all children and yout	th 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 promoting the culture
and policies needed to end violence against women and ch	ildren.
MSC is a key partner in anchoring and supporting a power:	ful new formation of
community-led climate justice organizations	
Form 990, Part VI, Line 11b - Form 990 Review Process	
The 990 is reviewed in person with the Board Treasurer.	A copy of the draft return
is circulated to all other members of the Board by email	·

Schedule O (Form 990 or 990-EZ) 2012	Page 2
Name of the organization Movement Strategy Center	Employer Identification number 20-1037643
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	
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 - CEO, Top	Management
Board members form an ad-hoc personnel committee which reviews	independent salary
surveys to evaluate MSC's compensation and benefits, ED is remo	ved from disussion
and decisions regarding his compensation.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers &	k Key Employees
Board members form an ad-hoc personnel committee which reviews	independent salary
surveys to evaluate MSC's compensation and benefits.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Upon written or verbal request.	

Schedu	ıle 🏄	A, Part	IV ·	- Supple	me	ntal Info	rm	ation	Page
		Move	eme	nt Strategy	Cen	ter			20-10376
									11.51/
er Income									
<u>ce</u>		2012		2011		2010		2009	2008
Total	\$ \$	18,969. 18,969.	\$	11,981. 11,981.	\$ \$	5,419. 5,419.	\$ \$	865. \$ 865. \$	850. 850.
				v		-			-
	er Income	er Income	Move der Income ce 2012	Moveme ner Income	Movement Strategy Section Secti	Movement Strategy Center Income Se	Movement Strategy Center Sec	Movement Strategy Center Second 2012 2011 2010	Total \$ 18,969. \$ 11,981. \$ 5,419. \$ 865. \$ 11,981. \$ 5,419. \$ 865. \$

.

2012

Schedule O - Supplemental Information

Page 5

Client MSC07

Movement Strategy Center

20-1037643

5/05/14

11:51AM

Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B) Program	(C) Management	(D) Fund-
•	Total	Services	& General	raising
Coaching	3,700.	3,229.	249.	222.
Research	35,150.	30,672.	2,366.	2,112.
Strategic development consult	799,136.	741,901.	57,235.	·
Training	75,500.	65,881.	5,082.	4,537.
Voter education contractors	78,258.	68,288.	5,268.	4,702.
Worshop/retreat facilitators	42,920.	37,452.	2,889.	2,579.
Total	\$ 1,034,664.	\$ 947,423.	\$ 73,089.	\$ 14,152.

Form 886	8 (Rev 1-2013)				Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Mor	nth Extension	, complete only Part II and chec	k this box .	🟲 🗍	
Note. Onl	y complete Part II if you have already been grant	ed an automa	itic 3-month extension on a prev	ously filed Form 8868	3.	
• If you	are filing for an Automatic 3-Month Extension, co	omplete only	Part I (on page 1).			
Parell	Additional (Not Automatic) 3-Month	Extension	of Time. Only file the origi	nal (no copies ne	eded).	
				's identifying number,		
	Name of exempt organization or other filer, see instructions			Employer identification	number (EIN) or	
t				ļ		
Type or print				20-1037643		
	Number, street, and room or suite number. If a P O box, see instructions			Social security number	(SSN)	
ile by the xtended	Crosby & Kaneda, CPAs					
ue date for ling your	1611 Telegraph Ave Ste 318					
ling your eturn See istructions	City, town or post office, state, and ZIP code For a foreign add	fress, see instructi	ons.			
Oakland, CA 94612-2151						
				-		
inter the	Return code for the return that this application is	for (file a sep	parate application for each return	n)	01	
	- 		T			
opplication of the property of	on	Return Code	Application is For		Return Code	
-	or Form 990-EZ	01				
orm 990		02	Form 1041-A	Takan kan berbasan di Sanjangan di Takan b	08	
	O (individual)	03	Form 4720		09	
Form 990-PF		04	Form 5227		10	
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069	····	11	
orm 990	-T (trust other than above)	06	Form 8870		12	
	o not complete Part II if you were not already gra					
If theIf thiswhole grown	organization does not have an office or place of the sist for a Group Return, enter the organization's fooup, check this box	business in th our digit Group	Exemption Number (GEN)	t with the names and	If this is for the EINs of all	
nembers	the extension is for.	· · · · · ·	· · · · · · · · · · · · · · · · · · ·			
5 For 6 If th 7 Sta	quest an additional 3-month extension of time unit calendar year, or other tax year beginn ne tax year entered in line 5 is for less than 12 mc Change in accounting period te in detail why you need the extension	onths, check r	, 20 12, and ending eason: Initial return	additional ti		
nor	nis application is for Form 990-BL, 990-PF, 990-T, irefundable credits. See instructions	<u> </u>		8a\$		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868						
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions						
	Signature and Verif	ication mu	st be completed for Part II	i only.		
	titles of perjury, I declare that I have examined this form, including a complete, and that I am authorized to prepare this form Title	/ == 1		my knowledge and belief, it is	s true, 2/11/14	
Signature BAA	Title		. 01/21/13	Date >	8868 (Rev 1-2013)	
DAM		r Ir ZUOUZL	. 01161113	1 01111	(INCV 1-2013)	

BAA

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, are 	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box		<u> </u>		
• If you are	e filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of the	s form).	_		
Do not comp	plete Part II unless you have already been grante	d an autom	atic 3-month extention on a previously fi	led Form 8868.			
corporation in request an ex Associated V	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not dension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of	automatic) For Part II w ust be sent	 3-month extension of time. You can ele ith the exception of Form 8870, Information to the IRS in paper format (see instruction) 	ectronically file Forn Return for Transfers	n 8868 to		
	Automatic 3-Month Extension of Time	Only sut	omit original (no copies needed).				
	n required to file Form 990-T and requesting an a				y ▶ □		
-	porations (including 1120-C filers), partnerships,						
income tax i		REMICS, ai					
	10		Enter filer's identif	ying number, see i			
Tuna or	Name of exempt organization or other filer, see instructions.			Employer identification	number (EIN) or		
Type or print							
•	Movement Strategy Center 20-1037 Number, street, and room or suite number If a P O box, see instructions Social se						
File by the due date for		isa actions		Cooler Security via			
filing your return See	436 14th Street #500 City, town or post office, state, and ZIP code For a foreign address, see instructions						
instructions							
	Oakland, CA 94612	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
Enter the Return code for the return that this application is for (file a separate application for each return)							
Application Is For		Return Code	Application Is For		Return Code		
Form 990 or Form 990-EZ		01	Form 990-T (corporation)		07		
Form 990-BI		02	Form 1041-A		08		
Form 4720 (individual)		03	Form 4720		09		
Form 990-PF		04	orm 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		
Telephor If the or If this is check the exter Telephor I requesion until The exter ne No. > 510-444-0640 ganization does not have an office or place of but for a Group Return, enter the organization's four his box. >	siness in the digit Group theck this be required to anization re	Exemption Number (GEN) If ox I and attach a list with the nature of the Form 990-T) extension of time turn for the organization named above.	this is for the whole mes and EINs of a	3 .,			
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4			T			
nonrefundable credits. See instructions 5 a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax					0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using							
	S (Electronic Federal Tax Payment System) See ou are going to make an electronic fund withdrawal w			3 c \$ EO for	0.		