

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



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2014 cale	ndar year, or tax year begii	nning	, 2014, a	nd ending			, 20	
В	Check if	applicable	C Name of organization Mover	ment of Youth, Inc.				D Employe	er identification n	umber
	Address	change	Doing business as						26-2399990	
	Name ch		Number and street (or P O bo	ox if mail is not delivered t	o street address)	Room/suite		E Telephor	ne number	
	Initial ret	· ·	2530 Meridian Parkway			Suite	300		(919) 806-4552	
$\overline{}$			01	country and ZIP or fore	uan postal code	Juite	300		(313) 000-4332	_
		m/terminated		s, country, and zir or lore	ngn postar code			• • • • • • • • • • • • • • • • • • • •		70 000 44
	Amende		Durham, NC 27713		· · · · · · · · · · · · · · · · · · ·			G Gross re		73,282.44
Ш	Applicati	ion pending	F Name and address of principa	al officer Atrayus Go	ode				subordinates? Tyes	
			same as C above						s ıncluded? 🔲 Yes	
ı	Tax-exe	mpt status	✓ 501(c)(3) <u>5</u>	01(c) () ◀ (insert i	no) 🔲 4947(a)(1) or	☐ 527	lf "N	lo," attach a	a list (see instruction	ons)
J	Website	: ► ww	w.movementofyouth.org				H(c) Group	exemption	number ▶	
K	Form of			ssociation Other >	L Yea	ar of formation	2009	M State	of legal domicile	NC
	art I	Summ								
	1		escribe the organization's	mission or most sig	inificant activities:	Movemer	at of Vourt	is an adı	ıcational & mer	toring
•	•	-	_	_						
Activities & Governance			built to expand educational							
ī			art, Saturday Academy Wor							Program
ě	2	Check th	is box 🕨 🗌 if the organiza	ation discontinued it	s operations or di	sposed of	more thar	1 25% of	its net assets.	
Ő	3	Number	of voting members of the	governing body (Pa	rt VI, line 1a)			3		10
ಹ	4	Number	of independent voting me	mbers of the govern	ning body (Part VI,	, line 1b)		4		10
es	5		mber of individuals emplo	_				5		0
姜	_		nber of individuals employ			<u> </u>	7	6		
Ė	6						1			60
ď	7a		elated business revenue f			O	1	7a		0
	b	Net unre	lated business taxable inc	come from Form 990		SC	<u> </u>	7b		0
				18	MAY 1220		Prior Y	ear	Current Y	ear
an an	8	Contribu	tions and grants (Part VIII	, line 1h) ເຊັ່		😥	l	10,150		14,939
Ž	9		-	2 .	MARA			7,005		58,343
Revenue	10	Investme	service revenue (Part VIII ent income (Part VIII, colur venue (Part VIII, column (A	mn (A) lines 3 4 an			1	0		0
æ		Other	sit income (Fait VIII, column (A	<u>. </u>						
	11		· · · · · · · · · · · · · · · · · · ·	y,,,,	, ,	`.; ⊢		0		0
	12		enue-add lines 8 through			ne 12)		17,155		73,282
	13	Grants a	nd similar amounts paid (Part IX, column (A),	lines 1–3)	· ·		0		6,000
	14	Benefits	paid to or for members (F	Part IX, column (A), I	ine 4)	[_		0		0
s	15	Salaries,	other compensation, employed	oyee benefits (Part IX	(, column (A), lines	5–10)		0		0
Expenses	16a		onal fundraising fees (Part					0		0
ē	ь		idraising expenses (Part I)			_				
ă	l		- ·			3,030		20.202		C1 427
_	17		penses (Part IX, column (<u>.</u> ∵ ⊢		20,362	ļ - 	51, <u>427</u>
	18		oenses. Add lines 13–17 (•				20,362		57,427
	19	Revenue	less expenses. Subtract	line 18 from line 12	<u>.</u> .			(3,207)		15,855
5 8 o						Be	ginning of C	urrent Year	End of Ye	ear
sets or lances	20	Total ass	sets (Part X, line 16) .					1,808		17,663
Net Ass Fund Bal	21		pilities (Part X, line 26)					0		0
Ę.Ś	22		ets or fund balances. Subt	ract line 21 from line	20	· · ·		1,808	_	17,663
				Tact line 21 Hom line	620	<u> </u>		1,000	<u> </u>	17,003
	art II		ture Block							
⇒ ^{Un}	der pena	alties of perju	ury, I declare that I have examine	d this return, including ac	companying schedule	s and stateme	ents, and to	the best of a	my knowledge and	d belief, it is
	e, correc	t, and comp	olete Declaration of preparer oth	er than officer) is based o	n all information of whi	ch preparer n	as any know	leage		
CZ								G ///	()	
€Sig	n	Sigr	nature of officer	1 2	0 - 1	1 1	7 - D	ate 7		
He	re	T	HAVILINS	(erreli	Frestdin	1 16 1	'Ka]			
He		Typ	e or print name and title	won,	, , 00, 000	(·	
	_	1,	vpe preparer's name	Propororio oscarat	LIFO	Date			PTIN	
Pa	id	Printry	ype preparer s name	Preparer's signat	uid	Date	,	Check	<u> </u>	
- Pr	epare	er						self-em	ployed	
	e On		name ►				Fin	m's EIN ▶		
₹	, , , ,	עי עי	address ▶				Ph	one no		
Ç _{Ma}	v the II		ss this return with the prep	parer shown above?	(see instructions)				🗌 Ye	s 🗌 No
<u></u>	Ponn		ection Act Notice see the s	=	<u>, </u>	0-4 41-	11202V			990 (2014)

D - 1				
Part		•	in this Part III	
1	Briefly describe the organization's mission		muns Fartin	🗸
,	The overall mission of Movement of Youth is		d averaged in the 2dat Cantum by offering	
	educational and mentoring program built to			
	Specifically, MOY offers enrichment activities			
	ment Academy, and Community Leadership			
2	Did the organization undertake any significant			
_	prior Form 990 or 990-EZ?			
	If "Yes," describe these new services on \$			_ 103 E 110
3	Did the organization cease conducting,		des in how it conducts, any program	n
	services?			 □ Yes ☑ No
	If "Yes," describe these changes on Sche			Lies Milo
4	Describe the organization's program serv		ach of its three largest program service	se as measured by
7	expenses. Section 501(c)(3) and 501(c)(4)			
	the total expenses, and revenue, if any, for			,
	, ,			
4a	(Code:) (Expenses \$	16.873 including grants of 9) (Revenue \$	29,495)
	(Codd)		,, , (le , e ,	
	Evening of Giving - This recognition event h	ighlights the major accompli	shments of Movement of Youth and its st	udents in the areas
	listed below. In addition, three Tyreic E. He			
	of integrity, commitment to others, commu			
	opportunity to observe the effectiveness of			
	-Student Testimonials			
	-Student Testimonials -Mentor Testimonials			
	-Tyreic E. Hemphill Memorial Scholarship	 Δwards		
	- rogani Admin rosmonds			
4b	(Code:) (Expenses \$	4 186 including grants of	\ (Revenue \$	3,350)
1.0	(Codo) (Expended \$\pi	grants or v	,, (πονοπαο ψ	
	Saturday Academy - Saturday Academy is h	eld twice a month and featur	es a variaty of eassions built to challenge	narticinants in
	different ways intellectually, physically, and			
	youth face daily while also providing opport			
	to help students master 21st Century Skills			
	4. Out December			
	A - T			
	3. Leadership			
	4. Data Analysis			
	E Advanced Literacy			
	6. Technology			
	o. roomiology		•••••••••••••••••••••••••••••••••••••••	
4c	(Code:) (Expenses \$	4,010 including grants of S) (Revenue \$	25,073)
		33	, , , , , , , , , , , , , , , , , , , ,	
	Summer Enrichment Academy - This progra	m offers a number of summe	r enrichment opportunities including recr	eational activities.
	STEAM (science, technology, engineering, a			
	other things. The summer academy aims at			
	various activities. At the end of each camp,			4
			•••••••••••••••••••••••••••••••••••••••	
		••••••		
		•••••••••		
4d	Other program services (Describe in Sche	dule O)		
-	(Expenses \$ 4,734 including gra	•	Revenue \$ 425)	
4e	Total program service expenses	29 803	72.7	

Part	Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	√	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	1
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	11b		√
С	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	11c		✓
	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	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a		√
b	The state of the s	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	0 (2014)		ı	Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	•
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		✓
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):		ere x	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	✓	1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		+
66	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	1	

	0 (2014)			rage 🗸
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of note to any line in this rait V	• •	Yes	No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10		
2a b	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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1c 2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		- I
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or quits were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 7a		1
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b 7c		1
d e f g h	If "Yes," indicate the number of Forms 8282 filed during the year	7e 7f 7g 7h	-	1
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any toyable distributions under section 49662	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b	-	
10 a b 11 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	T -
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u>L</u>
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1

Form 99	· ·			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	iee ins	truct	ions.
Section	on A. Governing Body and Management	· ·	•	
Occu	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u></u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6 7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	·	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			-
а	The governing body?	8a	✓	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode., Yes	No
100	Did the example to be local chapters, branches, or effiliates?	10a	162	No V
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓_	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46-		.,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16a		1
	organization's exempt status with respect to such arrangements?	16b	*	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Dupon request Other (explain in Schedule O)	n 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Karen Sina 6107 Crupper Ct Raleigh, NC 27613 919-345-1700	cords	:▶	

Part VII	Compensation of Officers, D	irectors, Trustees,	Key Employees,	Highest (Compensated	Employees,	and
	Independent Contractors						

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

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

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

(1) Keith Beverly S V V C C C C C C C C	☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
Name and Title					(0	C)						
Name and Title	(A)	(B)							(D)	(E)	(F)	
1) Keith Beverty		Average hours per	box,	box, unless person is both an officer and a director/trustee)					compensation	compensation from	amount of	
Treasurer Jan 2014 - Sep 2014		hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related	
C		5			,				_			
Vice-Chair			-	\vdash	*	_		<u> </u>	0	0	0	
(3) Robert Cox		5	,	ΙI	,							
Board Member		_	✓		✓	_			0	0		
General Content of the Content of	(3) Robert Cox	5										
Board Member			✓						0	0	0	
South Weething Sout	(4) Christopher Edwards	5										
Board Member			✓	\perp		_			0	0	0	
Chair		5	/								n	
Chair ✓ ✓ 0 0 0 (7) Harvey Hinton 5 —		10	<u> </u>	ÌП		_		<u> </u>	<u> </u>			
(7) Harvey Hinton 5 Board Member 7 (8) Paige Moreno 5 Secretary 7 (9) Malik Muhammad 5 Board Member 7 (10) Keith Shannon 5 Board Member 7 (11) Bernard Smith 5 Board Member 7 (12) Jerome Washington 5 Board Member 7 (13) Bradley Hicks 5 Treasurer Sep 2014 - Dec 2014 7 (14) Dr. Lisa Pearce 5		 	1		1				۱ ،	٥	n	
Board Member		5	<u> </u>	1-	- <u>-</u> -				ľ	<u>_</u>		
(8) Paige Moreno 5 Secretary ✓ ✓ 0 0 0 (9) Malik Muhammad 5 5 0 0 0 0 Board Member ✓ 0<			1						1 660	0	n	
Secretary		5							1,000		-	
Source			1		1				۱ ،	0	ď	
Board Member ✓ 0 0 0 (10) Keith Shannon 5 0 0 0 Board Member ✓ 0 0 0 (11) Bernard Smith 5 0 0 0 Board Member ✓ 0 0 0 (12) Jerome Washington 5 0 0 0 Board Member ✓ 0 0 0 (13) Bradley Hicks 5 0 0 0 Treasurer Sep 2014 - Dec 2014 ✓ ✓ 0 0 0 (14) Dr. Lisa Pearce 5 0 0 0 0 0		5	1	1	Ė			\vdash	<u>_</u>			
(10) Keith Shannon 5 Board Member √ (11) Bernard Smith 5 Board Member √ (12) Jerome Washington 5 Board Member √ (13) Bradley Hicks 5 Treasurer Sep 2014 - Dec 2014 √ (14) Dr. Lisa Pearce 5			1						٠ ،	0	o	
Board Member ✓ 0 0 0 (11) Bernard Smith 5 0 0 0 Board Member ✓ 0 0 0 (12) Jerome Washington 5 0 0 0 Board Member ✓ 0 0 0 (13) Bradley Hicks 5 0 0 0 Treasurer Sep 2014 - Dec 2014 ✓ ✓ 0 0 0 (14) Dr. Lisa Pearce 5 0 0 0 0 0		5			_	一	<u> </u>		<u> </u>		_	
(11) Bernard Smith 5 Board Member ✓ 0 0 0 (12) Jerome Washington 5 0 0 0 0 Board Member ✓ 0 0 0 0 (13) Bradley Hicks 5 0 0 0 0 Treasurer Sep 2014 - Dec 2014 ✓ ✓ 0 0 0 (14) Dr. Lisa Pearce 5 0 0 0 0 0			1		i				٥	٥	0	
Board Member ✓ 0 0 0 (12) Jerome Washington 5 0 0 0 Board Member ✓ 0 0 0 (13) Bradley Hicks 5 0 0 0 Treasurer Sep 2014 - Dec 2014 ✓ ✓ 0 0 0 (14) Dr. Lisa Pearce 5 0 0 0 0	(11) Bornard Creith	5						_	† — — <u> </u>		<u></u>	
(12) Jerome Washington 5 Board Member ✓ 0 0 0 (13) Bradley Hicks 5 ✓ ✓ 0 0 0 Treasurer Sep 2014 - Dec 2014 ✓ ✓ 0 0 0 0 (14) Dr. Lisa Pearce 5 0 0 0 0			1						1	0	0	
Board Member ✓ 0 0 0 (13) Bradley Hicks 5 0 0 0 Treasurer Sep 2014 - Dec 2014 ✓ ✓ 0 0 0 (14) Dr. Lisa Pearce 5 0 0 0 0		5		T^{-}		<u> </u>		 	<u> </u>			
(13) Bradley Hicks 5 Treasurer Sep 2014 - Dec 2014			1			1			۱ ،	0	<u> </u>	
Treasurer Sep 2014 - Dec 2014 ✓ ✓ 0 0 0 (14) Dr. Lisa Pearce 5 <td>(42) Dec discollistes</td> <td>5</td> <td>† i</td> <td></td> <td>l</td> <td></td> <td><u> </u></td> <td></td> <td>1</td> <td><u> </u></td> <td></td>	(42) Dec discollistes	5	† i		l		<u> </u>		1	<u> </u>		
(14) Dr. Lisa Pearce 5		·	1		1				_ n		<u></u>	
		5	Ė		ŕ			t	<u> </u>	1	<u> </u>	
		· 	1							۸ ا	_	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	s, aı	nd H	lighes	st C	ompensated E	mployees (c	<u>ontinu</u>	ed)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition	than c	ne	(D)	(E)		((F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable			mated	
		hours per week (list any				_	or/trust	 -	compensation from	compensation related	irom		ount of ther	
		hours for	e d	Inst	Officer	Key employee	를 된 무료를	Former	the	organization			ensation	1
		related organizations	중	호	ğ	em	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		m the	
		below dotted	₫ #	onal		<u>항</u>	မြိန္မ်		(** 2, 1000 141100)		ĺ		related	
		line)	Individual trustee or director	Institutional trustee		e	pe					organ	izations	
			6	tee			Highest compensated employee							
(15) At	rayus Goode	60			-	-	- 6							
	tive Director				1				0		o			0
(16)														
(4.7)			ļ	-	 				-					
11.0														
(18)														
]											
(19)			ļ											
(00)				-			-					_		
(20)			1											
(21)				1										
					<u> </u>									
(22)				ĺ										
(23)				┢	┢									
3			1	1										
(24)														
					<u> </u>	<u> </u>								
(25)		 	ł	}										
1b	Sub-total		1	<u> </u>	<u>. </u>	1	1	<u> </u>	0		0	-		0
c	Total from continuation sheets to Part		-			•		•	1,660	 	0			0
d	Total (add lines 1b and 1c)	<u> </u>						▶	1,660		0			0
2	Total number of individuals (including bu		d to th	nose	e lis	ted	above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organ	ization > 0											Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	rust	ee,	key e	emp	oloyee, or high	est comper	nsated		103	110
	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the													
	organization and related organizations													
_	Individual											4		<u>√</u>
5	for services rendered to the organization											5	1	1
Section	on B. Independent Contractors								,	<u> </u>			<u></u>	
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more than	1 \$100	0,000 of		_
	compensation from the organization. Rep	oort compe	nsati	on f	or t	he c	alend	lar y	year ending wit	th or within t	he org	janizatio	on's ta	X
	year.													
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
none			-						•					
					_									
	Total number of independent contractor	ore (includi	na bi	ıt n	not	lımı	ted to	\ \ \	nee listed ah	ove) who				
_	received more than \$100,000 of compen							, il	O noted an	010, WIIO				

Part	VIII	Statement of Reve						_
1		Check if Schedule C) contains a re	esponse or note t	o any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>	1a	Federated campaigns	s 1	a		revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	b) <u> 1</u> <u>1</u>	—	1			
ي ق		Fundraising events .	— —		<u> </u>			
ifts, r A	d	Related organizations			{			
isi Ja	e	Government grants (cor			1			
Sin	f	All other contributions, g		-	1			
iţi.	'	and similar amounts not inc		f 14.020				
ઉ	_	Noncash contributions include		,	†			
Po Pu	g	Total. Add lines 1a-1			14 020			
	!	Total. Add lilles Ta-1	<u>!</u>	Business Code	14,939			
Ē	22	Evening of Giving Rec	ognition Event		35 043	25 042		-
Seve	2a				25,843	25,843		
9	b	Saturday Academy Du Summer Enrichment A		611710	3,350	3,350		
Ž	ر د	Enrichment Trips & To		611710	25,073	25,073	 -	
Š	d	Tyreic Hemphil Memor		611710	425	425 3,652	 -	· · · · · · · · · · · · · · · · · · ·
Jran	e	All other program ser			3,652	3,052	.	
Program Service Revenue	f g	Total. Add lines 2a-2			50 242		.	<u></u>
<u> </u>	3	Investment income		· · · · · · · ·	58,343			
		and other similar amo			اما	ا		
	4	Income from investmen	•		0	0		
	5	D 111	·	bona proceeds	0	0		
		Hoyanies	(ı) Real	(ii) Personal	-			
	6a	Gross rents		n/a n/a	1			
	ь	Less: rental expenses	<u> </u>	n/a n/a	1 1			
	c	Rental income or (loss)		va iva va n/a	1			
	d	Net rental income or	L	<u>va 1va</u>		o		
	7a	Gross amount from sales of	(i) Securities	(II) Other	•			
		assets other than inventory		n/a n/a	† ;			
	ь	Less. cost or other basis	·	100	†			
	_	and sales expenses .	١,	n/a n/a				
	С	Gain or (loss)		n/a n/a	1 1	1		
	d	Net gain or (loss)	<u> </u>		اه	o		
۵		. ,			İ			
enne	8a	Gross income from fu events (not including \$	undraising					
Other Rever		of contributions report	ed on line 1c).					
<u></u>				a n/a				
Ĕ	ь	Less: direct expenses	s	b n/a	1 I			
U		Net income or (loss) t			ol			
	9a	Gross income from ga	aming activities	,				
		See Part IV, line 19 .		a n/a				
	Ь	Less: direct expenses	s	b n/a				
	С	Net income or (loss) t			1 ol	o		
	10a	Gross sales of in	nventory, les	s				
		returns and allowanc	es	a n/a] [
	b	Less: cost of goods s	sold	b n/a]			
	c	Net income or (loss) t			o	0		
		Miscellaneous F	Revenue	Business Code				
	11a				1 ol	0		<u> </u>
	b				0	0		
	С				0	0		
	d	All other revenue .			0	0		
	е	Total. Add lines 11a-	-11d	•	0			
	12	Total revenue. See I	nstructions.		73.282	58.343		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a respon			<u> </u>					
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations				}				
	and domestic governments. See Part IV, line 21	0	0		i				
2	Grants and other assistance to domestic individuals See Part IV, line 22	6,000	6,000						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	ındıvıduals. See Part IV, lines 15 and 16	0	0						
4	Benefits paid to or for members	0	0		<u>'</u>				
5	Compensation of current officers, directors,								
	trustees, and key employees	0	0	0	0				
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	<u> </u>				
7 8	Other salaries and wages	- 0		<u>U</u>					
U	section 401(k) and 403(b) employer contributions)	٥	o	o	0				
9	Other employee benefits	0	0	0	0				
10	Payroll taxes	0	0	0					
11	Fees for services (non-employees):								
а	Management	1,795	1,795						
b	Legal	10	0	10	0				
C	Accounting	5,696	0	5,696	0				
d	Lobbying	0	0	0	0				
e	Professional fundraising services. See Part IV, line 17	0			0				
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0				
12	Advertising and promotion	3,326	2,146	1,180	0				
13	Office expenses	1,072	0	1,072					
14	Information technology	2,464	1,513	951	0				
15	Royalties	0	0	0	0				
16	Occupancy	3,881	2,862	1,019	0				
17 18	Travel	10,670	1,282	4,694	4,694				
10	for any federal, state, or local public officials	О	0	0	0				
19	Conferences, conventions, and meetings .	130	0	130	0				
20	Interest	0	0	_ 0	0				
21 22	Payments to affiliates	225	0	225	0				
23	Insurance	0	. 0	0	0				
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.)								
а	Meals & Refreshments	12,532	10,140	1,196	1,196				
b	Program Materials & Activity Fees	4,968	4,968	0	0				
C	Program Gifts, Recognition and Awards	986	986	0	0				
d	Staff Development, Memberships & BOD mtgs	2,631	0	2,631	0				
е	All other expenses Printing, Bank Fees, Mail	1,041	235	806	0				
25	Total functional expenses. Add lines 1 through 24e	57,427	31,927	19,610	5,890				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,808	1	17,638
	2	Savings and temporary cash investments	0		25
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	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			
ţ		organizations (see instructions). Complete Part II of Schedule L	0		0
Assets	7	Notes and loans receivable, net	0	$\overline{}$	0
₹	8	Inventories for sale or use	0	$\overline{}$	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			· ·
		other basis Complete Part VI of Schedule D 10a 0			_
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	\rightarrow	0
	12	Investments—other securities. See Part IV, line 11	0	_	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,808		17,663
	17	Accounts payable and accrued expenses	0	_	. 0
	18	Grants payable	0	-	0
	19	Deferred revenue	0	\rightarrow	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	_	0.5	_
	00		0	_	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
တ္တ		complete lines 27 through 29, and lines 33 and 34.			'
ဋ	07	· · · · · · · · · · · · · · · · · · ·	_	07	47.000
a <u>a</u>	27	Unrestricted net assets	1,808		17,663
Ö	28 29	Temporarily restricted net assets	0	-	0
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		29	0
Ĺ		complete lines 30 through 34.			
Net Assets or Fund Balances	20			30	
ěţs	30 31	Capital stock or trust principal, or current funds		31	
Ass	31	Retained earnings, endowment, accumulated income, or other funds.		32	
et /	33	Total net assets or fund balances	1,808		47.003
Ž	34	Total liabilities and net assets/fund balances		†	17,663
	<u> </u>	Total nabilities and net assets/fund balances	1,808		17,663

		Pa	ge 12
		7	3,282
			7,427
		1	5,855
_			1,808
			0
			0
_	-		0
			0
_			0
		1	7,663
		Yes	No
			1
			ı
į	2a		✓_
			ι

Form **990** (2014)

Form 99	00 (2014)		Pa	age 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)			73,282
2	Total expenses (must equal Part IX, column (A), line 25)			<u>57,427</u>
3	Revenue less expenses. Subtract line 2 from line 1		•	<u>15,855</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			1,808
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))			17,663
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. </u>
			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☐ Accrual ☐ Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1
	Schedule O.			_ !
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			'
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	_		,
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			'
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			"
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization					Employer identification	number
Moye	ment of Youth, Inc.					26-239	
Par							ns.
	rganization is not a private founda						
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section		·		470/b\/4	\/ A \/;;;\	
3 4	☐ A hospital or a cooperative hos☐ A medical research organizatio						iii) Enter the
·	hospital's name, city, and state):					
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)					al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subst	tantıal part of its supp				the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization at	I to its exempt int income and	functions—subject to unrelated business t	certain e axable in	exception acome (l	ns, and (2) no more ess section 511 tax	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See sect i	on 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11c	operated exclusions de	vely for the benefit of, escribed in section 50	to perforr)9(a)(1) or	n the fun section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I A supporting organization(sorganization. You must com) the power to re	gularly appoint or ele	-		-	
b		zation supervised e supporting org	d or controlled in conr anization vested in th				
c		ted. A supportin	ng organization operat				y integrated with,
d	☐ Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	-
е		ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f	Enter the number of supported of	-					
g		-	orted organization(s).				
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the or listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
(A)							
(B)							
(C)					·-		
(D)							
(E)							
Tota	I						

18

Scriedu	6 A (1 OIIII 930 OI 930-LZ) 2014						· ugo =
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 22/2			100010	() 0044	40 T. I. I
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				_		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			T-			
	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			-	rear as a section	
	on C. Computation of Public Suppor			14		144	
14	Public support percentage for 2014 (line 6		-			14	<u>%</u>
15 16a	Public support percentage from 2013 Sci 331/a% support test—2014. If the organic box and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 33	1/3% or more, o	heck this
b	331/a% support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta	ınces" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the	facts-and-c	ircumstances"	test, check t	his box and st	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	15,442	30,637	34,589	17,155	44,435	142,258
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					28,848	28,848
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.	15,442	30,637	34,589	17,155	73,283	171,106
7a	Amounts included on lines 1, 2, and 3					ĺ	
	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	ļ					
	or 1% of the amount on line 13 for the year					15,000	15,000
С	Add lines 7a and 7b					15,000	15,000
8	Public support (Subtract line 7c from						
	line 6.)						156,106
	on B. Total Support						
Calen	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	15,442	30,637	34,589	17,155	73,283	171,106
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
ь	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether]	1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain ın Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	15,442	30,637	34,589	17,155	73,283	171,106
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re	· · · · ·		<u> </u>	· · · · ·	🕨 🗆
Secti	ion C. Computation of Public Suppor						
15	Public support percentage for 2014 (line					15	91.23 %
16	Public support percentage from 2013 Sci			<u> </u>		16	99.16 %
	ion D. Computation of Investment In						<u> </u>
17	Investment income percentage for 2014 (•		-		17	<u>o %</u>
18	Investment income percentage from 2013					18	0 %
19a	• • • • • • • • • • • • • • • • • • • •						
	17 is not more than 331/8%, check this box					_	
b	331/3% support tests – 2013. If the organiz						
	line 18 is not more than 331,8%, check this						
20	Private foundation. If the organization di	id not check a l	box on line 14.	. 19a. or 19b. c	neck this box	and see instruc	ctions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		V	NI =
	Are all of the organization's aumnosted organizations listed by name in the organization's governing		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ļ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			
h		5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

				-9
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or] .	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			}
Secti	on C. Type II Supporting Organizations	_2	<u> </u>	<u> </u>
Gect	on o. Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			i
	or management of the supporting organization was vested in the same persons that controlled or managed			ļ
<u> </u>	the supported organization(s).	1_1_	<u> </u>	
Sect	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Г	163	NO
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	']	l
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			}
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported]		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		}
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	 	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	La		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	}	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	7	<u>-</u> .	
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	0	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7,to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-ın	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	f		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<u> </u>
4_	Amounts paid to acquire exempt-use assets	 		
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
<u>6</u>	Other distributions (describe in Part VI). See instructions	-		
	Total annual distributions. Add lines 1 through 6.	1 11		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<u> </u>
	Line 8 amount divided by Line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
<u> </u>				
<u>.</u>				·
<u>d</u>	5 0040			
<u>e</u>	From 2013			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years Applied to 2014 distributable amount			
<u>h</u> i	Carryover from 2009 not applied (see instructions)	,		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section			
4	D, line-7. \$			
a	Applied to underdistributions of prior years			
<u></u>	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	'		
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7.			
а				
b				
С			-	
d	Excess from 2013			
е	Excess from 2014			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
·-·	
·•·	
•••••••	
·-·	
·-·	
·	
	······································
	······································
	······································

SCHEDULE I (Form 990)

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.

OMB No 1545-0047 2014 Open to Public

Department of the Treasury

► Attach to Form 990.

► Information about Schodula I (Form 990) and the instructions is at warm in conformation.

Name of the organization		P IIIIO	rmation about sche	dule i (Form 990) a	ila ila iliatractiona	is at www.irs.gov/ton	111350.	Employer	identification nui	mber
Movement of Youth, In	nc.								26-2399990	
		on Grants and	Assistance		_		-			
the selection of	criteria used to	award the grants	or assistance?	•		grantees' eligibility fo	or the grants or a	ssistance,	and Yes	□No
				the use of grant fu				_		
						nents. Complete it cated if additional :			ed "Yes" to	Form 990,
1 (a) Name and address 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 non-cash assisti		(h) Purpose o or assista	
(1)										
(2)							•			
(3)										
(4)	•••••									
(5)										
(6)										
(7)									_	
(8)					-					
(9)										
(10)									··· -	-
(11)										
(12)										
			I vernment organiza d in the line 1 table	ations listed in the	line 1 table	<u>.l1</u>				
For Paperwork Reduct		-				Cat No 50055P			Schedule I (Fo	rm 990) (2014

rt III Grants and Other Assistance to D Part III can be duplicated if addition			organization answ	ered "Yes" to Form 990,	Part IV, line 22
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistan
Tyreic Hemphil Memorial College Scholarship	3	\$6000 00			
					·
· · · · · · · · · · · · · · · · · · ·					- · - · · · · · · · · · · · · · · · · ·
	 				
t IV Supplemental Information. Provid	e the information r	equired in Part I. lin	e 2. Part III. columi	h (b), and any other additi	onal information.
n Page 1, Part 1 Line 2					
ement of Youth makes clear in the recipient's appli	cation and document	ation that the scholars	hip award of \$2000 ca	n only be used for full-time fo	ur-year educational expenses wi
	nses The Scholarsh	up Fund Committee me	onitors to ensure prop	er use of funds by requesting	proof of college registration, cla
ide tuition, books, and other school-required expe					

ude tuition, books, and other school-required expe					

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Movement of Youth, Inc.	_								26-2	23999	90		
Part I Excess Bene	fit Transaction ne organization	s (section 501 answered "Ye	(c)(3), s" on	section : Form 99	501(c)(4), a 0, Part IV, li	nd 50 ine 25	11(c)(29) organiz 5a or 25b, or Fo	ations	only) 0-EZ,	Part '	V, line	40b.	
1 (a) Name of disqualified	nomon	(b) Relationship between disqualified person and				(c) Description of transaction					(d) Con	rected?	
1 (a) Name of disqualified person		organization				(e) besomption of transaction					Yes	No	
(1)													<u></u> _
(2)											_		<u> </u>
(3)													
(4)							 .						
(5)													
(6)						L							<u> </u>
2 Enter the amount		_								ar			
under section 4958										\$			
3 Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organi	zatio	n		'	> \$			
	l/or From Inter			Form 00	0 E7 Part 1	V line	e 38a or Form 9	00 Da	urt IV/	lino 2	6: or	ftha	
	eported an amo						soa or Form s	90, Fa	ırt ıv ,	iiile Z	o, or	ruie	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Onginal principal amount		(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
	ŀ		То	From				Yes	No	Yes	No	Yes	No
(1)	†		10	- 110111				163	140	163	140	163	110
(2)		·	-		-			ļ	 				
(3)			 	-				 	-				<u> </u>
(4)											-		
(5)					-		· · · · · · · · · · · · · · · · · · ·	<u> </u>					_
(6)													
(7)								T					
(8)													
(9)													
(10)													
Total			·			. ▶	\$						
	sistance Bene ne organization				0, Part IV, I	ine 2	7.						
		onship between interested (c) Amount of assistance and the organization			(d) Type of assistance			(е	e) Purpose of assistance				
(1)	<u> </u>								i -			•	
(2)							-						
(3)													
_(4)													
(5)													
(6) (7) (8)													
(7)													
(8)													
<u>(9)</u>													
(10)													

Part IV	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
_	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's iues?		
					Yes	No		
	ey Hinton III	Board Member	\$1,660	SALA Summer Camp Student Fees	-	✓_		
(2) (3)		 						
(4)								
(5)		-						
(6)								
(8)		 	_		<u> </u>			
(9) (10)								
Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	instructions).				
The Stude	nt Athlete Leadership Academy SAI	LA provides comprehensive	leadership developm	ent programming for middle school	stude	nt-		
athletes. 1	The purpose of the academy is to de	velop student-athletes as ef	fective and vocal tear	n leaders for today and successful v	vorldv	vide		
leaders fo	r tomorrow. The Student Athlete Lea	adership Academy has iden	tified the following pr	oject goals which will be targeted th	rough	its		
program a	ctivities:							
(1) to incr	ease skills resist negative influence	s through leadership develo	opment and experient	ial learning activities				
(2) to imp	rove student athletes' academic per	formance and communicati	on skills		·••			
(3) to incr	ease student athletes' awareness o	n careers and educational o	pportunities					
(4) to pro	vide on-going support for student a	thletes through mentoring.						
Harvey Hi	nton III is the Student Athlete Acade	my Director for this prograr	n.					
- -								
					. 			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2014

▶ Attach to Form 990 or 990-EZ. Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

26-2399990 Movement of Youth, Inc. From Part III of 990 line 4d "Other Program Services" Enrichment Trips & Tours Expense = \$1,396 Revenue = \$425 Enrichment Trips & Tours - Movement of Youth believes that visiting campus is one of the most important steps a student can take in deciding if a particular college is right for them. As such, Movement of Youth in collaboration with other community organizations hosts the Step to the Future Spring Break College Tour annually where students visit colleges and universities across the country to get to know the students and faculty who bring these institutions to life. Special Projects - Expense = \$1,659 Revenue = \$0 Special Projects - Movement of Youth gives both students and mentors the opportunity to participate in various community leadership projects. An example of this is the IAMGREAT Project, a collaborative initiative of several youth organizations in Wake, Durham, and Johnston Counties. The organizations partner, plan, and participate in youth service and advocacy projects to serve their surrounding areas. Through these projects, students will: - Experience interpersonal team dynamics and leadership challenges under real life conditions - Reflect upon and learn from the experience - Create a meaningful plan Ultimately, students will apply knowledge and skills learned from MOY to take initiative on an issue that they feel strongly about and do meaningful work in their communities. Mentor/Mentee Coaching - Expense = \$1,601 Revenue = \$0 Mentor/Mentee Coaching - Team Mentoring is the cornerstone of Movement of Youth. College students apply annually to become mentors and friends for high school students in the Movement of Youth program. These close, year-long relationships provide participants with access to a student scholar who offers knowledge about how to successfully apply to and excel in college. The goal is to promote the academic achievement of our participants, motivating them to complete high school and then pursue higher education. The program offers activities that support these goals and the relationships between mentors and mentees.

Schedule O (Form 990 or 990-EZ) (2014)	Fage Z
Name of the organization	Employer identification number
Movement of Youth, Inc.	26-2399990
From Part VI Section B Line 11b - The President conducts a complete review of the tax package with the	Treasurer and then emails the board
of directors the complete 990 tax package requesting their review and input. After the board of director	rs is satisfied with the tax package, it
is subsequently filed with the IDS	
is subsequently filed with the IRS.	
From Part VI Section B Line 12c - The President reviews the Conflict of Interest Policy at each yearly box	rd meeting and when new
board members are brought on board.	
board members are brought on board.	
From Part VI Section C Line 19 - Movement of Youth publishes it's email, contact phone number and cor	ntact address on the company
website for individuals wishing to request additional information.	
Website for individuals wishing to request additional information.	
······	