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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public

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. Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

В	Check if	applicable	C Name of organization Movement of Youth, Inc.	D Employer identification number			
		change	Doing business as	26-2399990			
	Name cl		Number and street (or P.O box if mail is not delivered to street address) Room/su	E Telephone number			
	Initial ref	_	406 Blackwell Street Sui	te B030		(800) 956-3820	
	Final retu	rn/terminated					
	Amende	ed return	G Gross re	eceipts \$ 147,030.72			
	Applicat	ion pendina	Durham, NC 27701 F Name and address of principal officer Atrayus Goode	H(a) Is this a o	roup return for	subordinates? Yes No	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	s included? Yes No					
	Tax-exe	list. (see instructions)					
J	Website			H(c) Group	exemption	number ▶	
K	Form of		✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			of legal domicile NC	
Р	art I	Summ					
	1		escribe the organization's mission or most significant activities: Moven	nent of Youti	prepares	diverse youth to lead	
ě	Į.	-	eed in the 21st Century through mentoring and targeted enrichment activiti		•		
auc	ł		Leadership Academy, College Tours, Team Mentoring, Summer Enrichmen				
era	2		is box ▶☐ if the organization discontinued its operations or disposed				
Governance	3		of voting members of the governing body (Part VI, line 1a)		3	11	
ಹ	4		of independent voting members of the governing body (Part VI, line 1b)		4	11	
ies	5		nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	1	
Activities &	6		nber of volunteers (estimate if necessary)		6	200	
Aci	7a		elated business revenue from Part VIII, column (C), line 12		7a	.02	
	b	Net unre	ated business taxable income from Form 990-T, line 34		7b	0.00	
_				Prior Y	ear	Current Year	
a)	8	Contribu	tions and grants (Part VIII, line 1h)	14,730.00	57,074.05		
Š	9	Program	service revenue (Part VIII, line 2g)		37,616.72	89,956.65	
Revenue	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		0.06	.02	
Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.00	0.00	
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	52,346.78	147,030.72	
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		3,253.49	800.00	
	14		paid to or for members (Part IX, column (A), line 4)		0.00	0.00	
ø	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		32,375.52	14,911.14	
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0.00	0.00	
ğ	ь		draising expenses (Part IX, column (D), line 25) ▶ 5,824.74				
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	35,003.45	130,699.99	
	18		penses. Add lines 13-17 (must equal Part IX, column; (A); line 25)		70,632.46	146,411.13	
	19	Revenue	less expenses. Subtract line 18 from line 12RECEIVED .	(1	8,285.68)	619.59	
- S	g		(6)	Beginning of C	urrent Year	End of Year	
sets	20	Total ass	ets (Part X, line 16)		(622.87)	(3.28)	
Net Assets	21	Total liab	ollities (Part X, line 26)		0	0	
		Net asse	ts or fund balances. Subtract line 21 from line 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(622.87)	(3.28)	
P	art II	Signa	ture Block	J			
U	nder pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and state	ements, and to	the best of	my knowledge and belief, it is	
tru	ue, correc	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	/ledge		
		 -			U	7/3//7	
	gn	Sign	ature of others	, D	ate	1 -1.	
He	ere	I	Bruyes 6. Goods President & CHE				
_			e or print name and title				
Pá	aid	Print/Ty	pe preparer's name Preparer's signature	ate	Check	☐ if PTIN	
	epare	er			self-em		
	se On		name ►	Fır	m's EIN ▶		
_		Firm's a	uddress ▶	Ph	one no		
Ma	ay the li	RS discus	s this return with the preparer shown above? (see instructions)			🔲 Yes 🗌 No	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)

Part	•
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: MOY exposes students to a number of programs, including Leadership Academy, Team Mentoring, College Tours, International
	Volunteer & Educational Delegations, and Summer Academy. Through this dynamic design, participants receive intellectually
	challenging programming, positive role models to help set long-term aspirations as well as the support required to nurture and fulfill
	those aspirations.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 38,891.12 including grants of \$) (Revenue \$ 30,512.50)
	College Tours: Visiting campus is one of the most important steps a student can take in deciding if a particular college is right for
	them. However, traveling to these campuses can be extremely expensive. As such, Movement of Youth, in collaboration with other
	community organizations, host Step to the Future College Tours annually where students visit colleges and universities across the
	country to get to know the students and faculty who bring these institutions to life. The 2016 Step to the Future College Tour featured
	tours of the following schools: North Carolina A&T State University, Middle Tennessee State University, Tennessee State University,
	Bennett College for Women, Wake Forest University, Vanderbilt University, Meharry Medical College, Fisk University, and Winston
	Salem State University.
	66 students participated
4b	(Code:) (Expenses \$ 26,490.20 including grants of \$) (Revenue \$ 14,349.15)
	Evening of Giving - This recognition event highlights the major accomplishments of Movement of Youth and its students in the areas
	listed below. In addition, three Tyreic E. Hemphill Memorial Scholarship Awards are awarded to students who exemplify the qualities
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Part	V Checklist of Required Schedules			
	.g.*		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1	✓	<u> </u>
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		✓
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		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		>
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	!	✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
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		1
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		1
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	11d		1
	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	11e		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		1
	Schedule D, Parts XI and XII	12a	<u> </u>	1
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	1
14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	+*-
	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.	146		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	14b	-	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.	15	-	
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)	16	-	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	17		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		/
	If "Yes," complete Schedule G, Part III	19	<u></u>	✓

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
_,	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		✓
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			,
04-	employees? If "Yes," complete Schedule J	23		✓
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?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	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			
07	disqualified persons? If "Yes," complete Schedule L, Part II	26	ļ	/
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		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	206		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	1		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	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		/
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		١,
35a	or IV, and Part V, line 1	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Soa		+
-	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		1
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			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	 	+
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	1
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Form **990** (2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		: 1	
			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable]	Ì	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ĺ	- 1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ļ		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ĺ	ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 1	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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		ì	
	account)?	4a		1
h	If "Yes," enter the name of the foreign country: ▶			
U				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E		En		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. '		
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓ _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		į
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.		-	
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1	}	
''а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		ļ
-	and the second s			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12-]	-
b		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	-	[
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		├
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	-	}	
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		[
_		1		
C	Enter the amount of reserves on hand	<u> </u>	├	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	/
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<u></u>	<u> </u>

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								
Secti	on A. Governing 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			· - ·					
h	committee, explain in Schedule O.								
ь 2									
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?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√					
6 7a	Did the organization have members or stockholders?	6 7a		1					
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	1						
b	Each committee with authority to act on behalf of the governing body?	8b	/ _						
9	Is there any officer, director, 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		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode.)						
			Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓					
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	-					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13	1						
14 15	Did the organization have a written document retention and destruction policy?	14	-						
а	The organization's CEO, Executive Director, or top management official	15a	1	1					
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 tayable entity during the year?								
b	with a taxable entity during the year?	16a	-	1					
Secti	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
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.	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.			y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and r Karen Sina 6107 Crupper Ct Raleigh, NC 27613 919-345-1700	ecords	s: >						

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Page	•

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				(0	C)					
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per	office	er and			or/trust		compensation	compensation from	amount of other
	week (list any hours for	Individual trustee or director	Ins	오	6	a, ₹	Former	from the	related organizations	compensation
	related	d Nd	titut	Officer	Y en	ploy	me	organization	(W-2/1099-MISC)	from the
	organizations below dotted	or La	οnε		Key employee	èe co		(W-2/1099-MISC)		organization and related
	line)	rus	5		yee) mg				organizations
	1	6	Institutional trustee			Highest compensated employee		Ì		
	 		- "	_	_	8	-			
(1) King Bond	5	i								
Vice-Chair		1	_	1	_			0	0	0
(2) Jerome Washington	5)	}					1		
Board Member		✓	_				_	0	0	0
(3) Bradley Hicks	10	1	1				l	}	1	
Chair		1		1			<u> </u>	0	0	0
(4) Dr. Lisa Pearce	10	}				}	1	1		
Board Member		✓	_				<u> </u>	0	0	0
(5) Valerie Johnson	5			ļ		1	}		ţ	
Board Member		✓	L		$oxed{oxed}$		_	0	0	0
(6) Johnny Ortiz	5			l		ļ				
Board Member		✓	<u> </u>	<u>L</u>	<u> </u>		L	0	0	0
(7) Malaika Pettigrew	5	Į		ļ		l				
Board Member		✓	<u> </u>	L	_		L	0	0	0
(8) Thomas Easley	5]		ľ						1
Board Member		1	<u> </u>			<u> </u>		0	0	0
(9) Anna Richards	5]]	Ì	1	1		1	
Board Member		1	_		_	<u> </u>	_	0	0	0
(10) Tobi Shannon	5)				İ		1	1	
Board Member	<u> </u>	1			<u>L</u>	<u> </u>		0	0	0
(11) Debra Taiwo	10			1		}				
Treasurer	<u> </u>	1		1	_	<u> </u>			0	0
(12) Atrayus Goode	65	1	1	1	1	1			}	
President & CEO		<u> </u>	_	1	<u> </u>			12,700.00	0	1239.58
(13)			1							
	<u> </u>	<u> </u>		L	_	<u> </u>	_	<u> </u>	<u> </u>	
(14)]								
		l				į				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	•				_ (0	-			1					
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)	1	(F)		
	Average	box, i	unles	s pe	rson	ıs both	an	Reportable	Reportable Estim					
	hours per week (list any	officer and a director/trustee					compensation from	compensation from related	from amount of other					
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations		•	sation	
		related organizations	rect ndus	tutio	ĕ	emp	est o	ğ	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from ganız		
		below dotted	오늘	nal		oloy	eom		1		1	nd re		
		line)	ste	trus		ď	pens	ĺ			l or	ganiza	ations	
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(17)					_									
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(0.4)				-	<u> </u>	-		├	ļ	ļ				
(24)			1								-			
(25)		 	-	 -	├-	H	ļ. -	┝	 		 			
(25)		 			ļ			}			}			
1b	Sub-total	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	L	┕	0		0			
c	Total from continuation sheets to Part			•	•		•	•	12,700.00		-		123	39.58
d	Total (add lines 1b and 1c)	-		•			•	•	12,700.00		- 			39.58
2	Total number of individuals (including but							a) w		ore than \$100	000 of			10.00
	reportable compensation from the organ						ubor.	c,	1110 10001100 111	oro triair proo,	000 0.			
												T	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 compensa	ited 🗌	7		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual				. [;	3		1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other comp	ensation from	the	$\neg \top$		
	organization and related organizations	greater th	an \$	150,	,000)? /	f "Ye	s,"	complete Sch	nedule J for s	uch 📗		_	
	individual											4		✓_
5	Did any person listed on line 1a receive of									zation or individ	dual		.	
	for services rendered to the organization	? If "Yes," (comp	lete	Sci	hedi	ule J	for :	such person	<u> </u>	<u> </u>	5		✓_
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	ensatio	on f	or t	he c	alend	iar :	year ending wif	th or within the	organiz	atıor	n's ta	X
	year.													
	(A) Name and business add	dress							(B) Description of s	envices	Comp	(C)	tion	
	- Name and business add			_				┼		ervices				
none								+						
								╁		+				
								+						
								+						
2	Total number of independent contractor	ors (includi	na hi	ıt n	not	lımi	ted to		hose listed ab	ove) who				
_	received more than \$100,000 of compens							. II		230, 11110				

Form **990** (2016)

Part VIII		Statement of Revenue										
		'Check if Schedule O contains a resp	onse or note to		<u> 0</u>							
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts nts	1a	Federated campaigns 1a			i							
Gifts, Grants ilar Amounts	b	Membership dues 1b			ł							
S, (Am	С	Fundraising events 1c]						
Giff	d	Related organizations 1d			Ì	Ì						
ns,	е	Government grants (contributions) 1e			İ							
ntio er S	f	All other contributions, gifts, grants,										
현함		and similar amounts not included above 1f	57,074.05		}							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$										
	h	Total. Add lines 1a-1f	Business Code	57,074.05								
Program Service Revenue	2a	Saturday Leadership Academy	611710	45 005 00	45 005 00							
Rev	b	College Tours	611710	45,095.00 30,512.50	45,095.00 30,512.50							
<u>8</u>	c	Evening of Giving Recognition Event	611710	14,349.15	14,349.15							
Ser.	d			14,040.10	14,540.10							
E	e											
ogre	f	All other program service revenue.										
<u> </u>	g	Total. Add lines 2a-2f		89,956.65								
	3	Investment income (including divide			1							
		and other similar amounts)		.02		.02						
	4	Income from investment of tax-exempt be	ond proceeds									
	5	Royalties	(II) Personal									
	6a	Gross rents	(.,) - 0.00.1.0.									
	ь	Less: rental expenses		Ì								
	С	Rental income or (loss)		1								
	d	Net rental income or (loss)	•									
	7a	Gross amount from sales of (i) Securities	(II) Other									
		assets other than inventory			1							
	b	Less. cost or other basis										
	_	and sales expenses .					• !					
	C	Gain or (loss)	<u> </u>	ļ								
į	d	Net gain or (loss)	·····									
Other Revenue	8a	Gross income from fundraising events (not including \$		}		İ						
er Re		of contributions reported on line 1c). See Part IV, line 18 a										
₹		Less. direct expenses b]								
		Net income or (loss) from fundraising	events . 🕨				· 					
	9a	Gross income from gaming activities. See Part IV, line 19		}								
	ь	Less: direct expenses b		1								
		Net income or (loss) from gaming acti		·		-	*					
	1	Gross sales of inventory, less										
		returns and allowances a										
	ь	Less: cost of goods sold b										
		Net income or (loss) from sales of invi-	entory . ►	-	1		_					
		Miscellaneous Revenue	Business Code									
	11a											
	b		 				<u> </u>					
	ر ()	All other revenue	<u> </u>				 					
	de	All other revenue										
	12	Total revenue. See instructions.		0 0 147,030.72	89,956,65	.02						
					03,330,03	.02	l					

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	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	800.00	800.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o	o		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	12,700.00	8,890.00	2,540.00	1,270.00
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		8,890.00		
7		0	0		0
7 8	Other salaries and wages	0	0	0	0
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	1,239.58	867.71	247.91	123.96
10	Payroll taxes	971.56	680.09	194.31	97.16
11	Fees for services (non-employees).				_
a	Management	9,135.27	9,135.27	0	0
b	Legal	0	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
d	Lobbying	9,043.25	0	9,043.25	0
e	Professional fundraising services. See Part IV, line 17	0	- 0		0
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				0
12	Advertising and promotion	4,181.95	3,608.75	573.20	
13	Office expenses	1,311.68	3,008.73	1,311.68	0
14	Information technology	6,492,41	2,520.00	3,972.41	
15	Royalties	0	0	0	
16	Occupancy	6,166.50	2,149.50	4,017.00	C
17	Travel	44,516.37	39,302.86	1,564.05	3,649.46
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	
19	Conferences, conventions, and meetings .	30.00	0	30.00	
20	Interest	0	0	0	
21	Payments to affiliates	100.00	0	100.00	(
22	Depreciation, depletion, and amortization .	0	0	0	(
23	Insurance	3,226.00	0	3,226.00	(
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_					
a	Meals & Refreshments	23,835.68	22,467.36	684.16	684.16
b	Program Materials & Activity Fees Program Gifts, Recognition and Awards	11,251.13	11,251.13	0	
d	Staff Development, Memberships & BOD mtgs	7,962.23	7,962.23	0	
e	All other expenses Printing, Bank Fees, Mail	2,061.93	0	2,061.93	
25	Total functional expenses. Add lines 1 through 24e	1,385.59 146,411.13	109,634.90	1,385.59 30,951.49	5,824.74
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	· ————————————————————————————————————				

Part X **Balance Sheet** *Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 (922.92) (3.28)2 300.05 2 0 3 Pledges and grants receivable, net 3 0 0 4 4 0 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 0 0 Assets 7 0 0 8 0 0 Prepaid expenses and deferred charges . Q 9 0 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 0 10c Less: accumulated depreciation 0 11 Investments—publicly traded securities 11 0 0 12 Investments—other securities. See Part IV, line 11 . . . o 12 0 0 13 13 Investments—program-related. See Part IV, line 11. 0 14 0 14 0 15 15 0 0 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 (622.87) (3.28)0 17 17 0 18 0 18 0 19 ol 19 0 20 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 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 25 n 0 26 Total liabilities. Add lines 17 through 25 . 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets (622.87) 27 (3.28)28 28 0 0 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 (622.87)(3.28)34 (622,87) 34 (3.28)

Page	12
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Part	XI Reconciliation of Net Assets				
	*Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	· <u>· ·</u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		147,0	30.72
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3					519.5 <u>9</u>
4	The transfer of the bullation at bogins my gray friends equal that it, mile bo, continue (1),				
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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			(3.28)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	· · <u>·</u> ·		<u> </u>
4	Accounting method wood to avecage the Form CCC. [7] Cook. [7] Account		Γ-	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	olain u	-		
	Schedule O.	Piaii ii	')		
22	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				1
Zu	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		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			<u> </u>
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ĺ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				1
	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ıı	n 🗀		
	Schedule O.		ļ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth II	- 1		
	the Single Audit Act and OMB Circular A-133?		- <u>3a</u>	Ļ	✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		- 1		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		Щ_
			For	m 99 ((2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

Inspection

Move	ment of Youth, Inc.					26-239	9990	
_	Reason for Public Char		_ 				าร	
	organization is not a private founda			•	-	•		
1	A church, convention of church					• • • • • • • • • • • • • • • • • • • •		
2	A school described in section		· ·					
3	A hospital or a cooperative hos						iii Entartha	
4	A medical research organization hospital's name, city, and state		injunction with a nosp	mai desci	nbea in s	ection 170(b)(1)(A)(inj. Enter the	
5	An organization operated for		college or university	owned o	r operate	d by a government:	al unit describ	ned in
•	section 170(b)(1)(A)(iv). (Comp		college of drilversity	OWITEG O	operate	a by a government	1. U. II. GOSOII.	
6	☐ A federal, state, or local govern		mental unit described	ın sectio	n 170/h)	(1\(Δ\(ω)		
7	An organization that normally						the general i	oublic
•	described in section 170(b)(1)			port 110111	u govon	internal arms of from	ine gonerai ,	
8	☐ A community trust described in			Part II.)				
9	☐ An agricultural research organi	• •		•	erated in	conjunction with a la	and-grant colle	eae
	or university or a non-land-gra							
	university.							
10	An organization that normally receipts from activities related	receives (1) more	e than 331/3% of its su	upport fro	m contrib	outions, membership	fees, and gro	oss
	support from gross investment	t income and uni	elated business taxal	ole incom	ie (less se	ection 511 tax) from	businesses	•
	acquired by the organization a		-		•	•		
11	An organization organized and	•	•	•			_	
12	An organization organized and							
	of one or more publicly support Check the box in lines 12a thro	•		•				
_			* * * * * * * * * * * * * * * * * * * *	-	-			
а	Type I. A supporting organ the supported organization							virig
	supporting organization. Ye					rie directors or truste	ses or the	
b	``	-				upported organization	on(s), by havir	าต
_	control or management of							
	organization(s). You must				•			
c							Illy integrated	with,
	its supported organization(•		•	· ·		
C								
	that is not functionally integ						d an attentive	ness
	requirement (see instructio	•	•		•			
e							II, Type III	
	functionally integrated, or Enter the number of supported of	• •	tionally integrated Sup	oporting (organizat	ion.		
f ç			orted organization(s)				· · L	
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount	of
		.,	(described on lines 1–10	listed in you	ur governing	support (see	other support	(see
			above (see instructions))	accu	ment?	instructions)	instruction	5)
				Yes	No			
(A))]			
								_
(B))			
		<u> </u>		 				
(C)								
(D)		<u> </u>						
, <i></i>							<u> </u>	
(E)								
Tota			-	 	<u> </u>			
I OTA		1	I	1	1	1		

Part							
	(Complete only if you checked th						alify under
_ :	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	lease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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				2002		
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						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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			<u></u>	<u> </u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppor			 			
14	Public support percentage for 2016 (line 6		•			14	<u>%</u>
15 162	Public support percentage from 2015 Sch					15	%
16a	33 ¹ / ₃ % support test—2016. If the organi box and stop here. The organization qua	ization did not lifies as a nubl	icty supported	x on line 13, al	na line 14 is 3	o 73% or more,	Check this
h	331/3% support test—2015. If the organi						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets the "organization".	016. If the org	anization did r -and-circumst	not check a bo ances" test, cl	x on line 13, 1 heck this box	6a, or 16b, an and stop here	d line 14 is . Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets the meets the "fac	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	34,589	17,155	44,435	114,730	57,074	267,983
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1		1)		
	furnished in any activity that is related to the		}	ł	{		
	organization's tax-exempt purpose			28,848	37,617	89,957	156,422
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					ľ	
	organization's benefit and either paid		İ	1	1		
	to or expended on its behalf						
5	The value of services or facilities				i		
	furnished by a governmental unit to the				Ì)	
•	organization without charge						
6 7a	Total. Add lines 1 through 5	34,589	17,155	73,283	152,347	147,031	424,405
/a	received from disqualified persons .					- [
L	· · ·						
p	Amounts included on lines 2 and 3 received from other than disqualified					j	
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year	 	İ	15,000	5,720	36.270	56,990
С	Add lines 7a and 7b			15,000	5,720	36,270	56,990
8	Public support. (Subtract line 7c from			10,000	0,720	00,210	00,000
	line 6.)						367,415
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	34,589	17,155	73,283	152,347	147,031	424,405
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			1)	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ŀ			. [
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business		ļ				
	activities not included in line 10b, whether or not the business is regularly carried on	ļ	, [ļ			
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	34,589	17,155	73,283	152,347	147,031	424,405
14	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he						`▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2016 (line	B, column (f) dı	vided by line 1	3, column (f))		15	86.57 %
16	Public support percentage from 2015 Sci			<u> </u>	<u> </u>	16	93.27 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (17	0 %
18	Investment income percentage from 2015					18	0 %
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organization line 18 is not more than 331/3%, check this						
20							
20	Private foundation. If the organization de	u not check a	box on line 14	, 19a, or 19b, 0	THECK THIS DOX	and see instru	cuons 🟲 🗀

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	an v	.)	
Secti	on A. All Supporting Organizations			
			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		
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 12a or 12b 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		
5a	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)	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?	5b		-
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		-
ь	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

- 5	5.1V 5 555 2., 555 2., 55 5			ugc 🛡
Part	Supporting Organizations (continued)		- T	<u></u>
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) er (b) above? If "Vee" to a box a provide detail in Part VI	11c		
	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.	110		
	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			ı
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			į
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		T	
			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 or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	۱.		ĺ
Coati		1	<u> </u>	
Secu	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		163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
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	1		
	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		Ļ
Secti	on 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	nstru	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 (see ir	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	1
a	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,	1	1	
	how the organization was responsive to those supported organizations, and how the organization determined		[
	that these activities constituted substantially all of its activities.	2a		Ī
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
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	ļ	<u> </u>
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 instructions. All other Type III non-functionally integrated supporting organ.			ions A through E.		
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	<u></u>			
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 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 Minimum 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-functionally integrated Type III supporting organization (see instructions).					

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year		
1.	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	nizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
a						
b	·					
С	From 2013					
<u>d</u>	From 2014					
<u>e</u>	From 2015					
<u>f</u>	Total of lines 3a through e					
	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2016 distributable amount					
<u> </u>	Carryover from 2011 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from					
	Section D, line 7: \$			 		
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4.					
						
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b	Excess from 2013					
С	Excess from 2014					
<u>d</u>	Excess from 2015					
<u>e</u>	Excess from 2016					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

och to Form 000 or 000 E7

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (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
Movement of Youth, Inc.		26-2399990
From Part III of 990 line 4d "Other Program Services"		
J.U.S.T. Global Fellowship Expense = \$13,167.82 Revenue :	= \$0	
The J.U.S.T (Journeys to Uncover Social Truth) Global Fellowship is a global youth initiative	e that partn	ers with community organizations to
send high school & college students of color to engage in international work & volunteerise	m abroad d	uring the summer. These international
experiences are designed to empower these students to be more effective, respectful of other	ner cultures	political and economic systems,
and william to take a stand familiar worldly william. In 2000 Management of Vividia and Idea		to and the Children of the Commedian
and willing to take a stand for the world's welfare. In 2016 Movement of Youth was able to	sena z stud	ients to St. vincent & the Grenaumes
help to facilitate the ADARE Soccer camp while learning about the local culture and custom	ns of the isl	ands. Movement of Youth also sent 3
students on a Nicaragua Delegation led by WTP (Witness for Peace) where they learn about	Nicaragua	n people and culture, discover the
realities of free and fair trade, develop skills to be an advocate for social justice, and explor	e the count	en.
reduces of free and fair trade, develop skins to be all advocate for social justice, and explor	e ule coun	
My Brother's Keeper Expense = \$1871.85 Revenue = \$0	•	·
My Brother's Keeper (MBK) - Movement of Youth and the goals of MBK are strongly allied a	nd MOY he	los to set direction on strategies for
achieving the following 3 goals:	-	
Encuring all youth graduate from high cahool		
- Ensuring all youth graduate from high school		
- Ensuring all youth complete post-secondary education or training		
- Ensuring all youth out of school are employed		

Schedule O (Form 990 or 990-EZ) (2016)	Page 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 T	reasurer and then emails the hoard
Tom Part VI Section B Line 110 - The Freshdelit conducts a complete review of the tax package with the	Teasurer and their emons the board
of directors the complete 990 tax package requesting their review and input. After the board of directors	is satisfied with the tax package, it
s subsequently filed with the IRS.	
•	
From Part VI Section B Line 12c - The President reviews the Conflict of Interest Policy at each yearly boar	d meeting and when new
poard members are brought on board.	
From Part VI Section C Line 19 - Movement of Youth publishes it's email, contact phone number and cont	act address on the company
website for individuals wishing to request additional information.	
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