DLN: 93493134024740 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 **C** Name of organization D Employer identification number B Check if applicable Movement Strategy Center ☐ Address change 20-1037643 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 436 14th St Ste 500 ☐ Application pending (510) 444-0640 City or town, state or province, country, and ZIP or foreign postal code Oakland, CA  $\,$  94612  $\,$ G Gross receipts \$ 24,322,320 Name and address of principal officer H(a) Is this a group return for Mımı Ho □Yes ☑No subordinates? 436 14th St Ste 500 H(b) Are all subordinates Oakland, CA 94612 ☐ Yes ☑No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www movementstrategy org L Year of formation 2004 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities The Movement Strategy Center works to build a progressive movement, by increasing the capacity of individuals, organizations, alliances and sectors to be more strategic, collaborative and sustainable Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 205 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 21,158,812 23,303,043 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 1,050,678 865,390 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 74,255 137,874 16,013 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,264 22,307,009 24,322,320 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 3,880,564 5,121,725 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,878,869 9,840,181 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 71,403 84,055 b Total fundraising expenses (Part IX, column (D), line 25) ▶781,080 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,000,240 7,186,661 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 17,831,076 22,232,622 19 Revenue less expenses Subtract line 18 from line 12 . 4,475,933 2,089,698 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 22,893,849 25,014,505 1,851,611 21 Total liabilities (Part X, line 26) . 1,820,653 22 Net assets or fund balances Subtract line 21 from line 20 . 23.162.894 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-13 Signature of officer Sign Here Mimi Ho Executive Director Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check | If P01218603 Paid self-employed Firm's EIN ▶ Preparer Use Only Firm's address ► 1970 Broadway STE 930 Phone no (510) 835-2727 Oakland, CA 94612 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	rt III Stateme	nt of Program Service	e Accomplis	hments		
	Check if So	chedule O contains a respo	onse or note to	any line in this Part III .		🗆
1	Briefly describe th	ne organization's mission				
		Center works to build a p llaborative and sustainable		ement, by increasing the	capacity of individuals, organization	ons, alliances and sectors
2	Did the organizati	on undertake any significa	ant program ser	vices during the year wh	ıch were not listed on	
	the prior Form 99	0 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sch	nedule O			
3	Did the organizati	ion cease conducting, or m	nake significant	changes in how it conduc	cts, any program	
						☐ Yes 🗹 No
4	Describe the orga Section 501(c)(3)	nızatıon's program service	accomplishmei	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code	) (Expenses \$	19,995,677	including grants of \$	5,121,725 ) (Revenue \$	865,390 )
	See Additional Data					
	-					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program se	ervices (Describe in Schedi incl	ule O ) uding grants of	\$	) (Revenue \$	)
46	Total program s	ervice expenses >	19.995.6	77		

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Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗳	2	Yes	
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 2	3		No
	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 2	4	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
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	Yes	
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		No
	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 2	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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		No
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		No
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	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . .

22

Yes

21

22

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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368

0

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part  $V\$ .

Part V

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8

9a

9h

12a

13a

14a

14b

15

10a

10b

11a

11b

12b

13b

13c

No

Nο

Nο

Nο

Nο

No

No

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Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	·		lınes 🗹
Se	ection 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 label 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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? •	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	e 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	У		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b		No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption.	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatic in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp status with respect to such arrangements?  List the States with which a copy of this Form 990 is required to be filed▶	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b T6a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  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 organization's exemp status with respect to such arrangements?  Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s)	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  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 organization's exemp status with respect to such arrangements?	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes	No

policy, and financial statements available to the public during the tax year

20

(F)

Part VII

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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, or 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 nor any related organization compensated any current officer, director, or trustee

(C) Name and Title

Name and Title	Average hours per week (list any hours		ne bo	ox, ι n of or/t	unle: ficer	ss pers and a ee)	son	Reportable compensation from the organization	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trust⊌≑	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
(1) Taj James Co Ex Dir/Pres	40 00 0 00	Х		×				103,784	0	13,371
(2) Mimi Ho Co Exec Dir	40 00 0 00	Х		x				88,813	0	17,788
(3) Jodeen Olguin-Taylor Treasurer	1 00 0 00	Х		х				О	0	0
(4) Tomas Garduno Secretary	1 00 0 00	Х		х				0	0	0
(5) Arıf Mamdanı Board Member	1 00 0 00	X						О	0	0
(6) Sihle Dinani Finance Dir	40 00 0 00			x				114,137	0	17,745
(7) Annika Gifford Brothers Project Director	40 00 0 00					×		120,041	0	7,866
(8) Aimee Thompson Arevalo Project Director	40 00 0 00					×		120,041	0	12,606
(9) Alexis Flannagan Practice Director	40 00					х		119,792	0	8,720
										Form <b>990</b> (2018)

1b \$	ub-Total						<b>&gt;</b>							
c ·	otal from continuation sheets to Pa	rt VII <b>, Section</b>	Α				▶[							
d ·	otal (add lines 1b and 1c)						▶		666,6	8				78,096
2	Total number of individuals (including of reportable compensation from the compensation			e list	ed a	bove	e) wh	o rec	eived more th	an \$1	00,000			
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? If "Yes" complete Schedule 1				•		, ,		-			on		

	Total from continuation sheets to Part VII, Section A			78,096
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 5			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

4

5

(B)

Description of services

Software design

Fund mngmnt design

Buildings trainings

No

No

303,000

202,350

132,000

(C)

Compensation

Form 990 (2018)

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person.

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

5

Devlabs LLC

Supriya Pillai

741 56th St Oakland, CA 94609 Leftroots

PO Box 32217 Oakland, CA 94604

1305 Franklin St Ste 250 Oakland, CA 94612

**Section B. Independent Contractors** 

compensation from the organization ▶ 3

Page 9 **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (D) Total revenue Revenue Unrelated excluded from exempt business tax under sections function revenue 512 - 514 1a Federated campaigns . **1**a **b** Membership dues . **1**b **c** Fundraising events . **1**c d Related organizations 1d e Government grants (contributions) 1e **f** All other contributions, gifts, grants, and similar amounts not included above 23,303,043 g Noncash contributions included ın lınes 1a - 1f \$ h Total. Add lines 1a-1f . . . 23,303,043 Business Code 865,390 865,390 2a Consulting fees 900099 f All other program service revenue 865,390 **GTotal.** Add lines 2a-2f . 3 Investment income (including dividends, interest, and other 137,874 sımılar amounts) . . .  $\blacktriangleright$ 4 Income from investment of tax-exempt bond proceeds **5** Royalties . • (ı) Real (II) Personal 6a Gross rents

Contributions, Gifts, Grants Program Service Revenue 137,874 **b** Less rental expenses c Rental income or d Net rental income or (loss) . (II) Other (ı) Securities **7a** Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss) . . . **8a** Gross income from fundraising events (not including \$ of Other Revenue contributions reported on line 1c) See Part IV, line 18 . . . **b** Less direct expenses . b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities See Part IV, line 19 . . **b** Less direct expenses . . b  ${f c}$  Net income or (loss) from gaming activities . 10aGross sales of inventory, less returns and allowances  ${f b}$  Less cost of goods sold  ${f .}$  $\boldsymbol{c}$  Net income or (loss) from sales of inventory  $% \boldsymbol{c}$  . Miscellaneous Revenue Business Code 16,013 16,013 11a<sub>Other</sub> d All other revenue e Total. Add lines 11a-11d . 16,013 12 Total revenue. See Instructions . . • 24,322,320 865,390 153.887 Form **990** (2018)

**d** Lobbying .

**13** Office expenses

15 Royalties

**16** Occupancy

20 Interest . . 21 Payments to affiliates .

**b** Publications

All other expenses

c d

23 Insurance

14 Information technology

12 Advertising and promotion .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e

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 ► ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

expenses on Schedule O ) a Dues, fees and other

g Other (If line 11g amount exceeds 10% of line 25, column

f Investment management fees . . . . .

Form 990 (2018) Page **10** 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 response or note to any line in this Part IX . (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and 5,006,532 5,006,532 domestic governments See Part IV, line 21 115,193 115,193 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 0 4 Benefits paid to or for members 373,737 244,734 100,184 28,819 5 Compensation of current officers, directors, trustees, and key employees . 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) 7,597,931 6,475,056 684,098 438,777 7 Other salaries and wages 0 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . **9** Other employee benefits . 1,037,000 104,699 1,202,363 60.664 666,150 568,632 57,960 39,558 **10** Payroll taxes . . 11 Fees for services (non-employees) 0 a Management . . 4.501 4.501 **b** Legal . 84.442 84,442 c Accounting

0

0

3,762,899

27,371

280.999

119,135

421,920

1,388,014

420,271

18,919

8,057

53,997

46,948

19,995,677

131,935

1,560

55.188

56,816

65,666

32,887

3,903

864

16,922

53,835

1,455,865

405

84,055

28.828

11.644

5,192

32,311

36.422

2,501

1,279

9,117

1,039

781.080

Form **990** (2018)

201

673

84,055

3,923,662

29,604

347.831

181,143

519,897

426,675

21,062

25,180

116,949

48,392

0

22,232,622

1,457,323

0

0

0

0

Page **11** 

0

0

0

25.014.505

1,667,061

184.550

1.851.611

1.600.025

21,562,869

23,162,894

25,014,505

Form **990** (2018)

13 14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

21.518

30.000

22.893.849

1,790,653

1.820.653

3.186.825

17,886,371

21,073,196

22,893,849

Form 990 (2018)

13

14

15

16

17

18 19

20

21

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24

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Intangible assets . . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			6,162,754	1	3,223,182
	2	Savings and temporary cash investments .			5,254,771	2	8,402,579
	3	Pledges and grants receivable, net			10,861,418	3	12,770,376
	4	Accounts receivable, net			128,411	4	22,505
ets	5 6 7	Loans and other receivables from current and fit trustees, key employees, and highest compense. Part II of Schedule L	ated emp infled person 4958(d ations of (see inst	ons (as defined under (3)(B), and section 501(c)(9) ructions) Complete		5 6	0
ssets	8	Inventories for sale or use				8	0
Ä	9	Prepaid expenses and deferred charges			411,143	9	538,798
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	163,532			
	b	Less accumulated depreciation	10b	106,467	53,834	10c	57,065
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line	11 .			12	0

Audit Act and OMB Circular A-133? 3a

3b

Form 990 (2018)

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

### **Additional Data**

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 20-1037643

Name: Movement Strategy Center

Form 990 (2018)

#### Form 990, Part III, Line 4a:

Movement Strategy Center is a national intermediary with more than 300 partner grassroots organizations, alliances, and networks that operate at local, regional and

national levels MSC is dedicated to the inclusion and leadership of traditionally marginalized communities in progressive movement building MSC places the experience and leadership of those most impacted at the center of our transformative movement building The heart of MSCs work is our core program and activities to support leaders,

organizations and alliances to be strategic, collaborative and sustainable MSC is a key partner with The California Endowment in advancing and implementing the goals of building communities where all children and youth are healthy, safe and ready to learn MSC is a key partner with the NoVo Foundations Movement to End Violence Through this ten-year initiative, a cohort of innovative leaders is promoting the culture and policies needed to end violence against women and children. Additionally, MSC is part of a network of grassroots and policy partners around the country to advance solutions to climate change MSCs Core Programming also includes the MSC Innovation Center Movement Strategy Center is committed to providing a home for movement innovation the leaders, methods, initiatives, and networks that are breaking new ground and bringing wholeness and healing to social justice, organizing for national impact, engaging youth in creating solutions, and training communities to thrive and survive on our changing planet. The purpose of the MSC Innovation Center is to support movement leaders creating new solutions

etil	e GK/	APHIC prii	nt - DO NO	F PROCESS	As Filed Data -			DLN: 9	3493134024740		
	m 99	OULE A	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	2018		
		f the Treasury		► Go to	www.irs.gov/Form	<u>990</u> for the late	st information	·	Open to Public Inspection		
am	e of th	<b>he organiza</b> rategy Center	tion					Employer identific	mployer identification number		
		<b>D</b>	fan Darbiia (	hanin Caa	(All and a section		La 16.a aa.d \ C	20-1037643			
	r <b>t I</b> rganız				<b>us</b> (All organization e it is  (For lines 1 thro			see instructions.			
1		A church, c	onvention of o	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).			
2	$\Box$	A school de	escribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ) )				
3	$\overline{\Box}$	A hospital o	or a cooperativ	ve hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).			
4		A medical r name, city,	170(b)(1)(A)(iii). E	nter the hospital's							
5		-	ation operated (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>		
6		,	·	-	governmental unit de						
7	✓			mally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	nit or from the gener	al public described in		
8		A communi	ty trust descr	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a		
D		from activit	ies related to income and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross		
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
2		more public	cly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a			
a		<b>Type I.</b> A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by			
b		manageme	nt of the supp		ervised or controlled i ation vested in the sar and C.						
C					supporting organizatio				ated with, its		
d		Type III n	on-function	ally integrate he organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	ın connection wi requirement and	th its supported orgai			
e		Check this	box if the org	anızatıon recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter			organizations	megrated supporting	organization					
g	Provi	de the follow	ung informatio	n about the su	pported organization(						
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
ota											
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	F :	Schedule A (Form 9	90 or 990-EZ) 2018		

instructions

Sch	nedule A (Form 990 or 990-EZ) 2018						Page <b>2</b>
E	art II Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						under Part
	III. If the organization f	ails to qualify un	der the tests list	ed below, please	e complete Part	III.)	
	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	7,803,346	17,336,200	16,475,423	21,158,812	23,303,043	86,076,824
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	7,803,346	17,336,200	16,475,423	21,158,812	23,303,043	86,076,824
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)						35,026,343
6	<b>Public support.</b> Subtract line 5 from line 4						51,050,481
	Section B. Total Support					<u>,                                      </u>	
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	7,803,346	17,336,200	16,475,423	21,158,812	23,303,043	86,076,824
8	Gross income from interest,	.,,.	,,				,,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	336		22,737	176,608	137,874	337,555
9							0
10		16,933	28,299	24,581	23,264	16,013	109,090
11							86,523,469
12	Gross receipts from related activities,	etc (see instruction	ons)			12	5,440,035
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and <b>stop here</b>					▶ □	
- 5	Section C. Computation of Publi						
	Public support percentage for 2018 (li			olumn (f))		14	59 000 %
	Public support percentage for 2017 Sc					15	63 900 %
	33 1/3% support test—2018. If the			n line 13, and line	14 is 33 1/3% or		
	and <b>stop here.</b> The organization qual					,	▶ ☑
Ł	33 1/3% support test—2017. If the	ne organization did	not check a box or	n line 13 or 16a, ai	nd line 15 is 33 1/	3% or more, check	
17	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization in Part VI how the organization meets	t— <b>2018.</b> If the orgon meets the "facts	ganization did not o -and-circumstance	theck a box on lines" test, check this	box and stop her	e. Explain	▶⊔
Ł	organization  10%-facts-and-circumstances te: 15 is 10% or more, and if the organi: Explain in Part VI how the organization	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.	▶ □
18	supported organization  Private foundation. If the organizati			_	•		▶ □

20

Р	Support Schedule for					d + 1.6	law Dawk II - IS
	(Complete only if you c the organization fails to						ier Part II. If
Se	ection A. Public Support	quality ander t	ine tests fisted i	below, pieuse ed	ompiece i are ii.	/	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(B) 2013	(6) 2010	(u) 2017	(e) 2018	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
9	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
	ection B. Total Support	T	T	1	1	1	T
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	organization.
	check this box and <b>stop here</b>	<b>.</b>		,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•	( //		16	
	ection D. Computation of Invest					10	
17	Investment income percentage for 20:			line 13. column (f	7)	17	
	Investment income percentage for 20.	•		==, ==; (1	,,		
18	-			on line 14 and li-	0 15 is mars +	18	20 17 is not
	331/3% support tests—2018. If the	_					_
	more than 33 1/3%, check this box and s	•					<b>▶</b> ∐ /3% and line 18 is
b	33 1/3% support tests—2017. If the	_					_
	not more than 33 1/3%, check this box	and <b>stop here.</b> `	i ne organization i	qualifies as a publ	icly supported org	janization – – – – – – – – – – – – – – – – – – –	▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 3с 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 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 4b supervised by or in connection with its supported organizations

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 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 5a

amendment to the organizing document) 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 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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 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 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 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	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	<b>11</b> c		
S	ection 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
				<u> </u>
	ection 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 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
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 the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> 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		
3	Parent of Supported Organizations Answer (a) and (b) below.	2~		
	a 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? <i>Provide details in Part VI</i> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	36		

Sched	ule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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	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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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	<b>Distributable Amount.</b> 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-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

**Software ID:** 18007218 **Software Version:** 2018v3.1

**EIN:** 20-1037643

Name: Movement Strategy Center

Schedule A (Form 990 or 990-EZ) 2018 Page 8 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)

Facts And Circumstances Test

Part VI

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

## Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493134024740

Schedule C (Form 990 or 990-EZ) 2018

Cat No 50084S

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Movement Strategy Center 20-1037643 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ☐ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes **☑** No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5

(a) 2015

675,959

145,004

168,990

**(b)** 2016

802,426

72.933

200,607

45,727

(c) 2017

1,000,000

23.310

250,000

6,071

(d) 2018

1,000,000

12,028

250,000

6,653

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

3,478,385

5.217.578

253,275

869,597

1,304,396

58,451

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

**SCHEDULE D** 

(Form 990)

Department of the Treasury

**b** Assets included in Form 990, Part X

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493134024740 OMB No 1545-0047

Open to Public

Intern	al Revenue Service	► Go to <u>www.irs.</u>	gov/Form990 for the latest informa	ation.	Inspection
	me of the organ			Emple	oyer identification number
Mov	ement Strategy Cer	nter		20-10	37643
Pa	rt I Organi	izations Maintaining Donor Adv	ised Funds or Other Similar Fu		
		ete if the organization answered "Y	es" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(	b)Funds and other accounts
1	Total number at	,			
2		of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value	·			
5		ation inform all donors and donor advis property, subject to the organization's e		onor advised fu	nds are the Yes No
6		ation inform all grantees, donors, and o oses and not for the benefit of the dono			
Pa	rt III Consei	<b>rvation Easements.</b> Complete if t	the organization answered "Yes" or	n Form 990,	Part IV, line 7.
1	Purpose(s) of co	onservation easements held by the orga	anızatıon (check all that apply)		
	Preservati	on of land for public use (e ${f g}$ , recreation	on or education)	n of an historic	ally important land area
	☐ Protection	of natural habitat	Preservation	n of a certified	historic structure
	Preservati	on of open space			
2		2a through 2d if the organization held a le last day of the tax year	a qualified conservation contribution in	the form of a <u>c</u>	conservation  Held at the End of the Year
а	Total number of	conservation easements		2a	
b	Total acreage re	estricted by conservation easements		2b	
С	Number of cons	ervation easements on a certified histor	ric structure included in (a)	2c	
d		ervation easements included in (c) acquin the National Register	uired after 7/25/06, and not on a histor	ric 2d	
3	Number of cons tax year ▶	servation easements modified, transferr	ed, released, extinguished, or terminat	ted by the orga	inization during the
4	Number of state	es where property subject to conservati	on easement is located >		
5		ization have a written policy regarding on of the conservation easements it hold		ndling of violati	ons,
6	Staff and volun	teer hours devoted to monitoring, inspe	ecting, handling of violations, and enfor	cing conservat	ion easements during the year
7	Amount of expe	enses incurred in monitoring, inspecting	, handling of violations, and enforcing o	conservation e	asements during the year
8	Does each cons and section 170	rervation easement reported on line 2(d 0(h)(4)(B)(ii)?	) above satisfy the requirements of sec	ction 170(h)(4)	(B)(I)
9	balance sheet, a	scribe how the organization reports con and include, if applicable, the text of th n's accounting for conservation easeme	e footnote to the organization's financia		
Par		izations Maintaining Collections ete if the organization answered "Y		r Other Sim	ilar Assets.
1a	art, historical tr	ion elected, as permitted under SFAS 1 easures, or other similar assets held fo XIII, the text of the footnote to its fina	r public exhibition, education, or resear	rch in furtherar	
b	historical treasu	non elected, as permitted under SFAS 1 ures, or other similar assets held for pu nts relating to these items			
(	(i) Revenue includ	ded on Form 990, Part VIII, line 1			<b>&gt;</b> \$
(i	ii)Assets ıncluded	l ın Form 990, Part X			<b>▶</b> \$
2		ion received or held works of art, histor nts required to be reported under SFAS			n, provide the
а	Revenue include	ed on Form 990. Part VIII. line 1			<b>▶</b> \$

Par	t III	Organizations Maintaining Col	lections of Art, F	listori	ical Tı	eası	ures, or	Other	Similar A	ssets (	contir.	nued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records,	check	any of	the fo	ollowing t	nat are a	sıgnıfıcant	use of it	s colle	ction	
а		Public exhibition		d		Loan	or excha	nge prog	ırams				
b		Scholarly research		е		Othe	er						
c		Preservation for future generations											
4	Provid Part >	le a description of the organization's col IIII	lections and explain	how the	ey furth	ner th	e organız	ation's ex	kempt purp	ose in			
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ular	□ <b>Y</b>	es	□ N	o
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	), Part	IV, I	ine 9, or	reporte	ed an amo	unt on	Form	990,	Part
1a		organization an agent, trustee, custodi ed on Form 990, Part X?	an or other intermed	ıary for	contril	oution	ns or othe	r assets	not	☐ <b>Y</b>	es	□ N	о
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing	table		[		i	Amount			_
c	Begin	nıng balance					[	1c					_
d	Addıtı	ons during the year						<b>1</b> d					
е	Distri	outions during the year						1e					_
f	Endın	g balance					Į	1f					_
2a	Did th	ie organization include an amount on Fo	rm 990, Part X, line	21, for	escrow	or cu	ustodial a	ccount lia	ability?	. 🗆 Y	es	$\square$ N	0
Ь	If "Ye	s," explain the arrangement in Part XIII	Check here if the ex	xplanat	on has	been	provided	l in Part )	XIII	. 🗆			
Pa	rt V	Endowment Funds. Complete If	the organization a	answei	red "Ye	es" o	n Form 9	990, Par	t IV, line	10.			
			(a)Current year	<b>(b)</b> P	rior yea	r	(c)Two ye	ars back	(d)Three ye	ears back	(e)Fo	ur yeaı	s back_
<b>1</b> a	Beginn	ng of year balance											
b	Contrib	utions											
C	Net inv	estment earnings, gains, and losses											
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance											
2		le the estimated percentage of the curre	ent year end balance	(line 1	g, colui	mn (a	)) held as	5					
а		designated or quasi-endowment >											
b	Perma	anent endowment ►											
C		orarily restricted endowment <b>&gt;</b>											
_		ercentages on lines 2a, 2b, and 2c shou	·			. 1							
3а		ere endowment funds not in the posses ization by	sion of the organizat	ion tha	t are n	eid ar	ia aamini:	sterea ro	rtne		Г	Yes	No
	_	related organizations								3	a(i)		
	(ii) re	elated organizations								3	a(ii)		
b		s" on 3a(II), are the related organization	·			٠.					3b		
4		ibe in Part XIII the intended uses of the	<del>-</del>	wment	funds								
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		.m 000	) Dort	T\ /	ıno 115	Coo For	-m 000 D	2rt V	no 10		
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Cost		•				lepreciation			ok valu	e
	Land												
	Buildin	gs	+										
		old improvements	<del></del>										
		ent			16	3,532			106,467				57,065
	Other		+										
		ines 1a through 1e (Column (d) must e	ual Form 990, Part	X, colui	mn (B).	. line	10(c)).		<b>&gt;</b>				57,065
				,	. //		. , ,						

Part VII	<b>Investments—Other Securities.</b> Complete if the See Form 990, Part X, line 12.				
	(a) Description of security or category (including name of security)		<b>(b)</b> Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests	<u> </u>			
(A)					
[B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	<b>&gt;</b>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. Pa	art IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment		ok value	(c)	Method of valuation end-of-year market value
(1)				Cost of	end-or-year market value
(2)					
(3)					
(4)					
5)					
6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col (B) line 13 )	•			
Γ <b>otal.</b> (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Fotal. (Colum			n 990, Part	IV, line 11d See	Form 990, Part X, line 15  (b) Book value
Part IX	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX  1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Part IX  1) 2)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d See	
Total. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15  Other Liabilities. Complete if the organization a				(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability			n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) Fotal. (Column 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column  7) 8.  1) Federal (1) 2)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Part X  1) Fotal. (Columnary) Part X  1) Federal (1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Columpart X	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value
Total. (Column Part IX	Other Assets. Complete if the organization answered  (a) Description  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description  (g) Description of liability		es' on Forn	n 990, Part IV, I	(b) Book value

Page 4

24,322,320

Schedule D (Form 990) 2018

2e e 3 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . .

Schedule D (Form 990) 2018

Part XI

1

24,322,320 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** . . . . . . . 4c c 5

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 24,322,320 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 22,232,622 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . 2a 2b 

2c c 2d Other (Describe in Part XIII ) . . . . . . d

Add lines 2a through 2d . . . . . . . . . 2e 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

22,232,622 Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b

4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 22.232.622

Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

See Additional Data Table

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: 18007218
Software Version: 2018v3.1

**EIN:** 20-1037643

Name: Movement Strategy Center

## Supplemental Information

	Return Reference	Explanation
Part X	FIN48 Footnote	The Internal Revenue Service and the California Franchise Tax Board have determined that the Organization is exempt from federal and state income taxes under IRC 501(c)(3) and California RTC 23701(d). The Organization has evaluated its current tax positions as of June 30, 2019 and is not aware of any significant uncertain tax positions for which a reserve would be necessary. The Organizations tax returns are generally subject to examination by federal and state taxing authorities for three and four years, respectively, after they are filed.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134024740 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization Movement Strategy Center 20-1037643 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) Mexico & Canada 0 1 Consulting services Climate Justice Alliance 53,010 53,010 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 53,010

Schedule F (Form 990) 2018	•		•	•			Page <b>3</b>
				ad States. Complete if	the organization an	nswered "Yes" to Form 99	90, Part IV, line 16.
	duplicated if addition			Т	Т	T	T
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				1		1	1
	1		1				
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4						Sche/	dule F (Form 990) 2018

Schedule F (Form 990) 2018				
Par	t IV Foreign Forms			
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)			
	Instructions for Forms 3320 and 3320 A, don't me with Form 330)	☐ Yes	<b>☑</b> No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)			
	Corporations (see Instructions for Form 54/1)	$\square$ Yes	<b>✓</b> No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>✓</b> No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)			
		☐ Yes	<b>✓</b> No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	<b>☑</b> No	
	3713, don't me with Form 330)	∟ Yes	<b>™</b> 1/10	

Schedule F (	(Form 990) 2018	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation
•		

Schedule F (Form 990) 2018

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493134024740

OMB No 1545-0047

# **Supplemental Information Regarding** Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information

**2018** 

Open to Public Inspection

ovement Strategy Center						ntification number
overnent Strategy Center					20-1037643	
<b>Part I</b> Fundraising Activ Form 990-EZ filers	•	_			rm 990, Part IV, line 1	7.
Indicate whether the organiz	ation raised funds th	rough an	y of the fo	ollowing activities Check	all that apply	
a Mail solicitations			е	✓ Solicitation of non-	government grants	
<b>b</b> Internet and email solicit	ations		f	Solicitation of gove	ernment grants	
c Phone solicitations			g	Special fundraising	events	
d 🗹 In-person solicitations						
2a Did the organization have a or key employees listed in Fo					·	s 🗆 No
<b>b</b> If "Yes," list the ten highest to be compensated at least \$			ndraisers)	pursuant to agreements	under which the fundraise	er is
i) Name and address of individua or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Lemuel White	Grant writing	Yes	No			
265 Vernon St 101	Static writing		No	80,835	23,770	57,06!
Oakland, CA 94610				ŕ	·	· 
Leslie Moore 1111 6th St NE	Grant writing		No	511,900	15,907	495,993
Minneapolis, MN 55413 Vanessa Huang	Grant writing					
754 60th St			No	80,835	12,200	68,63!
Oakland, CA 94709 Ellen Barry	Grant writing					
7823 Crest Ave			No	177,000	10,218	166,782
Oakland, CA 94605 Sarah Hansen 103 Berkeley Pl 2	Grant writing & strategy		No	109,000	5,700	103,300
Brooklyn, NY 11217						
otal			•	959,570	67,795	891,775

licensing

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493134024740 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Movement Strategy Center 20-1037643 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Page 2

Schedule I (Form 990) 2018

(3) UPM Donation 150 (3)

(4)(5)

(6)(7)

Schedule I (Form 990) 2018

Return Reference

Grants are Used

Grantmaker's Description of How

Explanation

lupon completion of the grant period

When grants are awarded, Movement Strategy Center issues a grant agreement letter to establish amount, purpose, and legal restrictions of any awards given. In many

cases, an MOU will accompany the award letter to detail any programmatic stipulations. Grantees submit narrative and financial reports showing how funds were used

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

## **Additional Data**

A Long Walk Home

Chicago, IL 60647 Act for Women and Girls

Visalia, CA 93291

1658 Milwaukee Ave Ste 104

1900 N Dinuba Blvd Suite 1900

**Software ID:** 18007218 **Software Version:** 2018v3.1 **EIN:** 20-1037643 Name: Movement Strategy Center

30-0053613

26-0287450

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

501c3

501c3

(a) Name and address or organization	(D) EIN	(c) IRC section  If applicable	grant	(e) Amount of non- cash	(f) Method of Valuation (book, FMV, appraisal,	
or government		''		assistance	other)	

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuat (book, FMV, apprais

) Amount of cash	(e) Amount of non-	(f) Method of valuati
grant	cash	(book, FMV, appraisa

RSN - Grant

MSC - CRUO Grant

(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government				assistance	other)		

7,500

12,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 20-0559291 501c3 60.000 Alıan Fiscal sponsorship

11,000

Itransition

MSC - CRUO Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

50 Broadway 29th Floor

52-2094677

New York, NY 10004
Alliance for Global Justice

225 E 26th St Suite 1 Tucson, AZ 85713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance C - Grant

MSC - CRUO Grant

Allied Media Projects 4126 Third St Detroit, MI 48201	01-0559608	501c3	15,000	0		MSC
APEN	94-3261846	501c3	155.000	0		MSC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

426 17th St Ste 500 Oakland, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 27-1308862 501c3 10.000 MSC - CRUO Grant Black Womens Blueprint

MSC - CRUO Grant

54,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

81-0975889

PO Box 24713 Brooklyn, NY 11202 BYP100 Education Fund

239 E 51st St Chicago, IL 60615

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

California Endowment 1000 N Alameda St Los Angeles, CA 90012	95-4523232	501c3	42,500	0		CJA - Grant
Californians for Justice	94-3256009	501c3	246.020	0		CJA - Grant

520 Third Street Ste 209 Oakland, CA 94607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Catalyst Miami 65-0690368 501c3 60.000 100% - Grant 3000 Biscayne Blvd Ste 210

OR - Grant

18,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

20-8780215

Miami, FL 33137 Center Pole Inc

Garryowen, MT 59031

PO Box 71

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

Centro Por la Justica PO Box 830706 San Antonio, TX 78283	74-2720710	501c3	125,000	0		CJA - Grant
Chinese Progressive Assoc	23-7404756	501c3	119.778	0		GCL - Grant

1042 Grant Ave 5th Floor San Francisco, CA 94133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 34-1611055 501c3 90.000 IYOC - Grant

| Cleveland Neighbrhd Progress | 34-1611055 | 501c3 | 90,000 | 0 | YOC - Grant | 11327 Shaker Blvd Ste 500W | Cleveland, OH | 44104 | Coalition of Comm of Color | 47-4448490 | 501c3 | 60,000 | 0 | OR - Grant | OR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

221 NW 2nd Ave Ste 303 Portland, OR 97209

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 95-4421521 501c3 50.000 CJA - Grant Coalitn Humane Immg Rights

MSC - CRUO Grant

31.260

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

2533 West 3rd St Ste 101 Los Angeles, CA 90057

San Francisco, CA 94112

459 Vienna St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 94-2998086 501c3 8,179 MSC - CRUO Grant Comm for a Better

Environment 6325 Pacific Blvd Ste 300 Huntington Park, CA 90255						
Comm United Rest Yth Justice	27-5008441	501c3	34,800	0		YOC - Grant

490 Lake Park Ave Ste 16086

Oakland, CA 94610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Community Partners 95-4302067 501c3 10.000 MSC - CRUO Grant

1000 N Alameda St Ste 240 Los Angeles, CA 90012	75 1552507	56165	20,000	·		
Conservtn Voters NMex Ed Fund	91-1982332	501c3	18,000	0		CJA - Grant

200 W De Vargas St Suite 1 Santa Fe, NM 87501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 95-3402456 501c3 55.000 BR - Grant Cooperation Jackson PO Box 1932

YOC - Grant

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Jackson, MS 39215

Ctr on Race Poverty & Environ

5902 Christie Avenue Ste 208 Emeryville, CA 94608

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance MSC - CRUO Grant

Dolores Huerta Foundation 91-2145992 501c3 11.000 PO Box 2087 Bakersfield, CA 93303

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Detroit, MI 48201

E Mich Envir Action Council 23-7241219 501c3 25.000 YOC - Grant 4605 Case Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

YOC - Grant

EB Alliance for Sust Economy	94-3314108	501c3	16,103	0		100% - Grant
360 14th St 4th Floor						
Oakland, CA 94612						

60,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Environmental Hith Coalition

2727 Hoover Avenue Suite 202 National City, CA 91950

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Fifth Ave Committee 11-2475743 501c3 60.000 100% - Grant 621 DeGraw Street

CJA - Grant

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Brooklyn, NY 11217 Freedom Inc

2030 S Park St Madison, WI 53713

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 77-0363955 501c3 10.000 MSC - CRUO Grant Fresno Barrios Unidos

MSC - CRUO Grant

11.072

Fresno Barrios Unidos 77-0363955 501c3 10,000 0 MS
4403 E Tulare Ave
Fresno, CA 93702

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

Genders & Sexualities Allnc

Oakland, CA 94612

1714 Franklin Ave Suite 100-4

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Girls for Gender Equity 04-3697166 501c3 54.000 IMSC - CRUO Grant

| Solition | Solition

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

307

Buffalo, NY 14222

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance GOT Green 91-1656676 501c3 40.000 CJA - Grant

JCET - Grant

15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

81-2718273

PO Box 18794 Seattle, WA 98118 Greenroots Inc

227 Marginal St Floor 1 Chelsea, CA 02150

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Humboldt Area Foundation 23-7310660 501c3 10.000 MSC - CRUO Grant 363 Indianola Road Bayside, CA 95524

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Bemidji, MN 56619

Indiaenous Environ Network 38-3653476 99.000 CJA Member Grant PO Box 485

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-2133211 501c3 11.000 MSC - CRUO Grant

Innercity Struggle 530 South Boyle Ave Los Angeles, CA 90033

Institute of Zen Studies 99-0217294 501c3 7.000 IRSN - Grant 350 Ward Ave Ste 106-224

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Honalulu, HI 96814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 91-0931421 501c3 15.000 100% Grant Institute Washingtons Future

2720 Valencia St
Bellingham, WA 98226

Ironbound Community Corp 22-1916086 501c3 80.800 0 BR - Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

317 Elm St Newark, NJ 07105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance N - Grant

Just Cause Oakland	55-0883038	501c3	17,500	0		RSN ·
PO Box 3596						İ
Oakland, CA 94609						ı

2810 Camino Del Rio San Diego, CA 92018

Just Transition Alliance 52-2283569 501c3 10,000 MSC - CRUO Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 31-1113237 501c3 10.000 MSC - CRUO Grant

Kentucky Coaltion Inc PO Box 1450 London, KY 40743

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Indianapolis, IN 46208

KHEPRW 20-0820589 501c3 18,000 MSC - CRUO Grant PO Box 88856

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Khmer Girls in Action 27-3087079 501c3 61.500 MSC - CRUO Grant CJA - Grant

1355 Redondo Ave Ste 9 Long Beach, CA 90804 Korean Imma Workers Adv 95-4392004 501c3 50.000 SoCal 941 S Vermont Ave Ste 101

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

301

Los Angeles, CA 90006

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

LA Alliance for a New Economy 464 Lucas Avenue Suite 202 Los Angeles, CA 90017	95-4459427	501c3	60,000	0		CJA - Grant
Leadership Counsel for J & A	46-1517800	501c3	130,000	0		

764 P St Ste 012 Fresno, CA 93721

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance - Grant

RSN - Grant

7.500

Leftroots	46-5740696	210,000	0		RSN -
PO Box 32217					l
Oakland, CA 94604					1
4					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

LGBT Comm Ctr Coaltn Ctrl PA

1306 N 3rd St Harrisburg, PA 17102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Little Vilge Env Justice Org 2445 E Spaulding	36-4259477	501c3	15,000	0		MSC -
						ı
Chicago II 60629						i

916 F Butler Street Rayne, LA 70578

- CRUO Grant 82-1555123 501c3 30,500 IRSN - Grant Louisiana Rise

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Mekong Inc 80-0834777 501c3 50,000 YOC - Grant

2471 University Ave Brooklyn, NY 10468						
Mex Amer Legal Dfense Ed Fund	74-1563270	501c3	10,000	0		MSC - CRUO Grant

634 S Spring St 1206 Los Angeles, CA 90014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Grant

Mid-City Comm Adv Network 2245 San Diego Ave Ste 223	27-2938491	501c3	10,000	0		MSC - CRUO G
San Diego, CA 92110						

Mujeres Unidas Y Activas 20-2986926 501c3 94.500 MSC - CRUO Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3543 18th Street Ste 23 San Francisco, CA 94110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 68-0535413 501c3 83.000 Native Movement IMSC - Next Gen Grant PO Box 83467

Fairbanks, AK 99708 NC Waste 56-1734433 501c3 10,000 MSC - CRUO Grant Awareness&Reduction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 61051 Durham, NC 27715

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Neighbrhd Affordable Housing 04-2964630 501c3 60.000 IYOC - Grant

Project Delta Grant

100.191

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

13-3191113

143 Border St
East Boston, MA 02128
Neo Philanthropy

45 West 36th Floor New York, NY 10018

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 7.500 New Dav Church RSN - Grant 325 E 201st St Apt 5E

ICJA - Grant

50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

01-0594835

Bronx, NY 10458
Oakland Kids First

610 16th St Ste 310 Oakland, CA 94612

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

CJA - Grant

Oakland Public Education Fund PO Box 71005	43-2014630	501c3	50,000	0		YOC - Grant
Oakland, CA 94612						

28,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

20-2782595

OPAL

2788 SE 82nd Ave Suite 203 Portland, OR 97266

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 113.400 BR - Grant / OR

Org Boricua de Acricultura Calle Margarita 8 San Juan, PR 00926

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Oakland, CA 94612

Fellowship Power California 77-0651682 501c3 53.444 YOC - Grant 1720 Broadway 2nd Fl

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-1956686 501c3 100.000

Project South Institution 9 Gammon Ave SE Atlanta, GA 30315

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

669 Elmwood Ave Suite B13 Providence, RI 02907

Providence Yth Student Mymnt 45-5052229 501c3 50,000 CJA - Grant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

GCL - Grant

Public Interest Law Center 1500 JFK Blvd Ste 802 Philadelphia, PA 19102	23-1923398	501c3	10,000	0		MSC - CRUO Grant

15.876

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

66-0413230

Puerto Rico Community Fdn

PO Box 70362 San Juan, PR 00936

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

PD - Grant

					1	
Puget Sound Sage 414 Maynard Ave S Seattle, WA 98104	20-8974030	501c3	60,000	0		CJA - Grant
Jeattle, WA 30104						

18,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

20-3558447

Push Buffalo

429 Plymouth Ave Suite 1 Buffalo, NY 14213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance - CRUO Grant

Restaurant Opportunities Ctr	03-0522321	501c3	50,000	0		MSC -
275 7th Ave Rm 1703			·			l
New York, NY 10001						
4						

Richmond, CA 94805

Ryse Center 26-0692904 501c3 66.500 MSC - CRUO Grant 205 41st St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Silicon Valley Rising Action 47-4979642 501c4 25.000 IYOC - Grant 2102 Almaden Rd Ste 112

100% Grant

12,950

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

San Jose, CA 95125

Social Envrnmtl Entrepreneurs

23532 Calabasas Rd Ste A Calabasas, CA 91302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Social Good Fund 46-1323531 50163 554 865 YOC - Grant

Souladarity	47-2733535	501c3	15,500	0		MSC - Grant
12651 San Pablo Ave Unit 5473 Richmond, CA 94805						
Social Good Falla	TO 1323331	30103	337,003	•		TOC Grant

21 Highland St Highland Park, MI 48203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance

Southwest Organizing Project 211 10th St SW	85-0368743	501c3	86,500	0		CJA - Grant
Albuquerque, NM 87102						

St Louis Mthly Mta Relia Scty 90-0952888 501c3 7.000 RSN - Grant 1001 Park Ave

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

St Louis, MO 63104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

MSC - Next Gen Grant

Strategies for Freedom	82-4512408	S-Corp	27,500	0		CJA - Grant
201 W Geer St Unit 1						
Durham, NC 27701						

60,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

The Point Community Dev Corp

940 Garrison Avenue Bronx, NY 10474

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Tides Center 94-3213100 501c3 118.500 JCET - Grant PO Box 29907

CJA - Grant

17,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501c3

San Francisco, CA 94129

2781 Telegraph Ave Oakland, CA 94612 27-3457152

United Roots

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance - Grant

BR - Grant

United We Dream Network Inc 1201 16th St NW Washington, DC 20036	46-2216565	501c3	50,000	0		CJA -
Uprose	11-2490531	501c3	50.000	0		BR - 0

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Uprose 166a 22nd Street Brooklyn, NY 11232

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance UO Grant

Urban Titlh 323 Brookside Dr Richmond, CA 94801	20-4124161	501c3	29,275	0		MSC - CRUO G
WA State Coalition Against DV	91-1507028	501c3	89.000	0		HUN - Grant

WA State Coalition Against DV 1511 3rd Avenue Ste 433

Seattle, WA 98101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Ma Act 13-3800068 50163 110 000

Women of Color Network	26-4391187	501c3	7.500	0		RSN - Grant
1854 Amsterdam Avenue 2nd Fl New York, NY 10031						
We her	13 3000000	30103	110,000			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

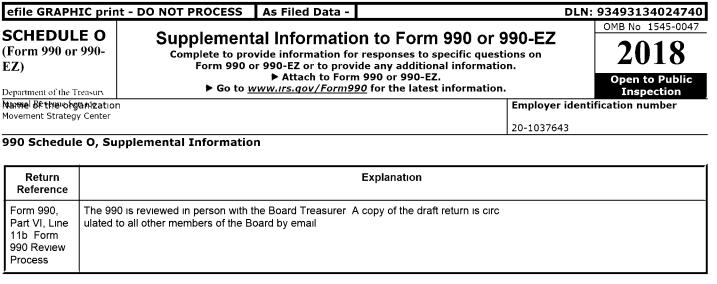
922 N 3rd St Harrisburg, PA 17102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Working Partnerships USA 2102 Almaden Road Ste 112 San Jose, CA 95125	27-0387535	501c3	31,000	0		GBTF - Grant
YouthBuild USA	22-1916086	501c3	50,000	0		CJA - Grant

58 Dav St

Somerville, MA 02144



Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Movement Strategy Center (MSC) has a multi-level and multi-person review of any potential business relationship or potential employment MSC actively reviews and/or investigates the potential business relationship/employment to see if that prospect has any relation to a current staff, or Board member

Return

Reference	
Form 990, Part VI, Line 15a Compensation	Board members form an ad-hoc personnel committee which reviews independent salary surveys to evaluate MSC's compensation and benefits, ED is removed from discussion and decisions r egarding his compensation
Review &	
Approval Process -	
CEO, Top Management	

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Board members form an ad-hoc personnel committee which reviews independent salary surveys to evaluate MSC's compensation and benefits

Return Reference Explanation

Form 990, Upon written or verbal request

Part VI, Line
19 Other
Organization
Documents
Publicly
Available