(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

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

Inte	nal Rever	nue Service	► Go to www.irs.	gov/Form990 for ins	tructions and the late	st information.	4110	Inspection
A	For the	2019 calen	dar year, or tax year beginnin	g	, 2019, and end	ing		, 20
В	Check if	applicable	C Name of organization Moveme	ent of Youth, Inc.			D Employ	er identification number
	Address	change	Doing business as					26-2399990
	Name ch	nange	Number and street (or P O box	if mail is not delivered to	street address)	Room/suite	E Telepho	ne number
	Initial ret	turn	411 W Chapel Hill Street			Suite C2	(800) 956-3820
	Final retu	ırn/terminated	City or town, state or province, or	country, and ZIP or foreig	gn postal code			
\sqcap	Amende	d return	Durham, NC 27701	,			G Gross re	ecerpts \$ 269,654 98
П		on pending	F Name and address of principal of	officer Atrayus Goode	;	H(a) Is this a	group return for s	subordinates? Yes No
_				•				included? Yes No
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)) ◀ (insert no)	4947(a)(1) or 527			(see instructions)
J			ovementofyouth.org		<u> </u>		exemption no	
JK			Corporation Trust Associ	iation ☐ Other ►	L Year of for			legal domicile NC
	art I	Summa		anon Domer (12 / 04/ 0/ 10//		0	114
3	1		cribe the organization's mis	sion or most signific	cant activities. Move	ment of Youth	nrenares di	verse youth to lead
_	'	•	ed in the 21st Century through	~				
_ i			eadership Academy, College					
Governance			••••••• <u>••</u> •••					
2 8	2		box ► ☐ if the organization		•	ed of more tha	1 1	_
	3		voting members of the government		<u>-</u>		3	3
T &	4		independent voting member	•	• •	D)	4	3
Activities	5		per of individuals employed		19 (Part V, line 2a)		5	33
Activities 8	6		per of volunteers (estimate if				6	25
} ĕ	7a	Total unrel	ated business revenue from	Part VIII, column (0	C), line 12		7a	2.26
<u> </u>	b	Net unrelat	ted business taxable income	e from Form 990-T,	line 39	<u> </u>	7b	0.00
						Prior Yo	ear	Current Year
•	8	Contribution	95,813.85	145,536.62				
Revenue	9	Program se	72,349.20	124,116.10				
Š	10	Investment	t income (Part VIII, column (/	A), l <u>ines 3,</u> 4, and 70	d)		0 02	2.26
Œ	11	Other reve	nue (Part VIII, column (A), lin	nes 5, 6d, 📆, 🖭 💦	C, and 110)		0.00	0.00
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII	_column (A), line 12)	20	68,163.07	269,654.98
	13	Grants and	similar amounts paid (Part	IX, cellumn (A), line	1-3)		6,035.00	4,911 09
	14	Benefits pa	aid to or for members (Part I her compensation, employee	IX, column (A) une	2020 18		0.00	0.00
s	15	Salaries, ot	her compensation, employee	berlefits (Part IX. ce	famn (A), lines:5-10)		57,347.62	35,931.06
Se	16a	Profession	al fundraising fees (Part IX, o	column Attaline 110	e) 🕰		0.00	0.00
Expenses	b		aising expenses (Part IX, co					
Ä	17		enses (Part IX, column (A), lir		44	19	96,653.31	181,819.51
	18		nses Add lines 13-17 (must				60,035.93	222,661.66
	19	•	ess expenses. Subtract line		(1 1), 11110 20)		8,127 14	46,993.32
- se		Tievenue ie	33 expenses. Subtract line	TO HOTH LINE TE	· · · · · · · · · · · · · · · · · · · 	Beginning of Cu		End of Year
ance s	20	Total accet	ts (Part X, line 16)			203	2,348.65	49,341 97
Assets Balan	21		ties (Part X, line 26)		• • •		0 00	0 00
Net A	21		or fund balances. Subtract	line 21 from line 20			2,348.65	49,341.97
				inte 21 non inte 20	• • •	<u> </u>	2,040.00	40,041.01
	art II		re Block				h - h	Institutes and ballet it is
tru	der penal e. correct	ities of perjury, t. and complete	I declare that I have examined this e Declaration of preparer (other that	return, including accom in officer) is based on all	panying scriedules and sti information of which prepa	arements, and to t arer has any knowl	ne best of my ledge	Knowledge and seller, it is
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0:4					1		<i>a</i>	917/0
Sig		Signate	The state of	CA Ca	ali VVo	add the	15/10	
He	re		- Jimaga	S 0. 000	110	more of	_ CIN	
		Type o	r print name and title					
Pa	id	Print/Type	preparer's name	Preparer's signature		Date	Check	
		<u>, </u>				- 	self-emplo	yed
	epare	L Furm's non	ne 🕨			Firm	n's EIN ▶	
US	e Onl	Firm's add			-	Pho	one no	
Ma	y the IR		this return with the preparer	shown above? (see	e instructions)			☐ Yes ☐ No
			ion Act Notice see the separ			No. 11282Y		Form 990 (2019)

A 114	0 (2019		iee Accemplisher		-	Page
art	Ш	Statement of Program South	rice Accomplishments s a response or note to any line in t	his Part III		. V
1	Brief	describe the organization		instacti	<u>· · ·</u>	• 🗷
•		•	of programs, including Leadership Acad	demy, Team Mentoring, College Tou	rs, Internation	al
			and Summer Academy Through this			
			le models to help set long-term aspirat			
		aspirations.				
2		_ 	significant program services during t	the year which were not listed on	the	
		Form 990 or 990-EZ? .			☐ Yes	✓ No
	if "Ye	s," describe these new serv	s on Schedule O.			
3	Did	he organization cease cor	icting, or make significant changes	s in how it conducts, any progr	ram	
		es?			☐ Yes	✓ No
	If "Ye	s," describe these changes	Schedule O.			
4		-	n service accomplishments for each	of its three largest program servi	ices as meas	ured b
•			1(c)(4) organizations are required to			
	•		any, for each program service reporte	· —		
		•				
4a	(Cod	:) (Expenses \$	32,171 52 including grants of \$	107,801.47) (Revenue \$	56,743.59	9)
	Lead		ademy is held twice a month and featur		allenge particip	oants ir
			y, and socially. Sessions are tailored to			
			opportunities for individual growth and			
			Century Skills which include:			
		-Oral Presentation				
		-Teamwork				
		-Leadership		······		
		-Data Analysis				
		-Data Analysis -Advanced Literacy				
		-Advanced Literacy				
	By at	-Advanced Literacy -Technology				s serve
	By at	-Advanced Literacy -Technology				s serve
Įb		-Advanced Literacy -Technology ending these sessions, stud	s will gain the tools necessary to excel	in a variety of different situations.		
4b	(Cod	-Advanced Literacy -Technology ending these sessions, stude: :) (Expenses \$	s will gain the tools necessary to excel 29,983 25 including grants of \$	in a variety of different situations.) (Revenue \$	200 students	······
4b	(Cod	-Advanced Literacy -Technology ending these sessions, stude :) (Expenses \$ College Tour: Visiting campi	s will gain the tools necessary to excel 29,983 25 including grants of \$ s one of the most important steps a stu	in a variety of different situations.) (Revenue \$ udent can take in deciding if a partic	200 students 0 00 ular college is)) nght
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Other program services (Describe on Schedule O.)

Total program service expenses ▶

1,399.08 including grants of \$

4d

4e

(Expenses \$

_	90 (2019)		F	Page .
Part	IV 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	res	INO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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		v
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		v
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_	٧
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		~
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		V
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
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		~
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	_	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
	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		~
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		~
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		<u> </u>
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		~
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		~
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		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	Checklist of Required Schedules (continued)			
			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
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		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	~	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21		
_	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		ر. ا
21	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		-
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	 •		Ť
32	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
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		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	V	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · ·</u>	Yes	No
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3	,	162	140
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,†		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	~	
		For	n <mark>99</mark> 0	(2019)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Lu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O———	-3b-		_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ť
_				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		•
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	150		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\vdash	Ť
	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?	15		·
	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?	16		~
10	If "Ves " complete Form 4720. Schedule O			<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	Jee 11	Siluc	uoris.
Secti	ion A. Governing Body and Management	· · ·		<u> </u>
0000	on A. determing Dody and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			1
-	If there are material differences in voting rights among members of the governing body, or	1		
	_if_the governing_body delegated_broad_authority_to_an_executive committee_or similar_		-	
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		~
6	Did the organization have members or stockholders?	6		~
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?	7a		,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		.,
_	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	~	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		<u> </u>
		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		اــــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	V	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliboration and decision?	<u> </u>		
а	The organization's CEO, Executive Director, or top management official	15a		V
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u></u>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Sec	tion 5	o01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
4.5	Own website Another's website Upon request Other (explain on Schedule O)		oct n	olici
19				инсу,
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			
20	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and response to the public during the tax year. Karen Sina 6107 Crupper Ct. Raleigh NC 27613 919-345-1700			

-orm	990	(2019)	

Page 7

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

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

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

☐ Check this box if neither the organization noi	r any relate	d org	anız	atıo	n c	ompe	nsa	ted any current	officer, director,	or trustee
		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					than o		Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)						compensation	compensation	of other
	per week (list any	오글	5	Q	ĕ	역 표	F	from the organization	from related organizations	compensation from the
	hours for	윷호	<u>#</u>	Officer	y e	등등	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ct a	ğ		힐	yee st co	۳			related organizations
	organizations below	ੇ ਵ੍ਹ	al tr		Key employee	ă				
	dotted line)	Individual trustee or director	Institutional trustee		Ι Ψ	Highest compensated employee				
			ď	ŀ		l ea				
(1) King Bond	5									
Vice-Chair		~		~				O	0	0
(2) Dayatra T. Matthews	5									
Treasurer		~					ļ	0	0	0
(3) Bradley L. Hicks	10]								
Chair		~		>				0	0	0
(4) Atrayus Goode	65									
President & CEO			<u> </u>	~				17200 00	0	1133.76
(5)										
- -	ļ		<u> </u>							
(6)	ļ									
					_		ļ .			
(7)	ļ									
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(12)										
(13)							\vdash			
119/										
(14)		-			\vdash					
(14)	+				İ					

Part	VII Section A. Officers, Directors, 1	rustees, I	Key	<u>-m</u>	_		s, an	a r	lignest Compe	nsated E	mpio	yees (contil	nuea)
					•	C) sition								
	(A)	(B)			heck	more	e than c		(D)	(E)			(F)	
	Name and title	Average hours					is both		Reportable compensation	Reportat compensa			ated arr	nount
		per week	-	$\overline{}$	_		or/trust		from the	from relat	ted		pensat	ion
		(list any	Indiv or di	l st	Officer	(ey	mg figh	Former	organization	organizati			om the	
		hours for related	Individual trustee or director	Institutional trustee	ĕ	Key employee	lest	룓	(W-2/1099-MISC)	(W-2/1099-1	VIISC)	related	nzation organiz	
		organizations	[o. a	<u> ភ</u>		Ç	ig co						3	
		below	ust	텵		ee	þer							
		dotted line)	8	stee			Highest compensated employee	l						
(15)				-	-		<u> </u>		<u> </u>					
7137		†												
(16)														
(17)				_	\vdash	_				- · -	_			
7777		 												
(18)														
(19)														
<u></u>														
(20)														
(21)			-											_
(00)				_	_	_								
(22)														
(23)														
				-	_	_								
(24)							_							
(25)														
	Subtotal		<u> </u>	<u> </u>				<u> </u>						
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	17200.00		0		11	133.76
d	Total (add lines 1b and 1c)							>	17200.00		0		11	133.76
2	Total number of individuals (including but		to th	ose	list	ted	above	e) w		e than \$10	0,000	of		
	reportable compensation from the organi	zation >							0				Yes	No
2	Did the organization list any former of	officer dire	octor	tru	iste	e 1	.ev e	mnl	lovee or highes	st compen	sated		103	1.00
3	employee on line 1a? If "Yes," complete S								· · ·			3		~
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatio	n a	nd other compe	nsation fro	m the			
	organization and related organizations	greater th	an \$1	150,	,000	2 1	f "Ye:	s, "	complete Sched	dule J for	such	l	L	
	ındıvıdual											4		V
5	Did any person listed on line 1a receive o	r accrue co	ompe	nsa	tion	fro	m any	un	related organiza	tion or indi	vidual			
Secti	for services rendered to the organization on B. Independent Contractors	en res, c	Joinpi	<u> </u>	SU	ieal	JIE J I	U/ S	sucii person .	<u> </u>	•	5	L	\ <u>\</u>
1	Complete this table for your five high	nest compe	ensat	ed	ınde	epe	ndent	CO	ontractors that i	eceived m	ore 1	han \$	100,0	00 of
	compensation from the organization. Repo	ort compen	satio	n fo	r the	ca	lenda	r ye	ar ending with or	within the	organ	ization	's tax	year_
	(A) Name and business add	ress							(B) Description of sen	rices	((C) Compen		
none														
								_						
								-						
2	Total number of independent contractor received more than \$100,000 of compens	rs (includir	ng bu the or	ut n gan	iot lizat	lımıt ::on	ed to ►) th	ose listed abov	e) who				
	Teceived more than \$100,000 or compens	<u> </u>		<u> </u>								For	m 99 0	(2019)

1.000	VIII	Statement of Revenue		na ar nata ta an	u line in this Pa	→ \/III		
		Check if Schedule O contains	a respoi	ise of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns .	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	. 1b					
ا کے ت	c_	_Fundraising events					-	-
ar /	d	Related organizations		407 004 07				
S, E	e	Government grants (contribution		107,801.47				1
rsion	f	All other contributions, gifts, gran and similar amounts not included about		37,735.15]
the	g	Noncash contributions included		37,733.13				
d O	9	lines 1a-1f .	." <u>1g</u>	\$ 0				
a င	h	Total. Add lines 1a-1f .		•	145,536 62			
				Business Code		·		
Program Service Revenue	2a	Leadership Academy/Team Mento	ring	611710	56,743.59	56,743.59		
Le L	b	National MENTOR - MENTOR NC		611710	44,475 76	44,475.76		
gram Ser Revenue	C	My Brother's Keeper		611710	22,896 75	22,896.75		
Be	d e							
2	f	All other program service revenu						
<u> </u>	g	Total. Add lines 2a-2f		•	124,116.10			1
	3	Investment income (including	dividend	s, interest, and				
	_	other similar amounts)			2 26		2.26	
	4	Income from investment of tax-e	·	ond proceeds				
	5	Royalties	 Real	(II) Personal				
	6a	Gross rents 6a		(1) 1 01 00110				
	b	Less rental expenses 6b					·	
.	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)		. •				
	7a	GIOSS AIRIOURI ITOM	curities	(II) Other				
		sales of assets						
	h	other than inventory 7a Less cost or other basis						
Revenue	b	and sales expenses 7b						
e e	С	Gain or (loss) . 7c						
<u>بر</u>	d	Net gain or (loss)		•				
Other	8a	Gross income from fundraising	ıg					
0		events (not including \$						
		of contributions reported on lir 1c). See Part IV, line 18 .	8a					
İ	b	Less: direct expenses	<u> </u>	-				
	c	Net income or (loss) from fundra		ents >		·		
	9a	Gross income from gamir						
·		activities. See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamin		es . ▶				
	10a	Gross sales of inventory, les returns and allowances	1					
` i	b	Less: cost of goods sold .	. 10b					
		Net income or (loss) from sales of						
<u>s</u>				Business Code				
Miscellaneous Revenue	11a							
scellaneo Revenue	b							
e cel	C	All III and a second				<u> </u>		
ĭ <u>M</u> is	d	All other revenue	•					
	<u>е</u> 12	Total Add lines 11a-11d . Total revenue. See instructions		· · · · P	269,654.98	269,652.72	2.26	0

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	ımn (A)
	Check if Schedule O contains a response				🗍
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	411.09	411.09		,
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,500.00	4,500.00		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		1
5	Compensation of current officers, directors, trustees, and key employees	17,700 00	12,390.00	3,540.00	1,770.00
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	o	o	0
7	Other salaries and wages	12,518.59	12,518.59	, 0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	633.76	443.63	126.75	63.38
10	Payroll taxes	5,078.71	3,555 10	1,015 74	507.87
11 a	Fees for services (nonemployees): Management	65,864.86	65,864 86	0	0
b	Legal	(50.00)	0	(50.00)	0
C	Accounting	20,923.25	0	20,923.25	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
Ť	Investment management fees	0	0	0	0
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	800 00	800.00	0	0
13	Office expenses	1,118 24	0	1,118.24	0
14	Information technology	6,493.40	0	6,493 40	0
15	Royalties	9,304.73	188.35	9,116.38	0
16 17	Occupancy	48,923.12	46,029 01	1,578.14	1,315.97
18	Payments of travel or entertainment expenses	40,323.12			1,313.97
10	for any federal, state, or local public officials	191.92	0	0 191.92	0
19 20	Conferences, conventions, and meetings . Interest	191.92	0	0	0
21	Interest	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	6,019 87	0	6,019.87	0
24	Other expenses ltemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Meals & Refreshments	24,060.50	23,920 79	69.85	69.86
b	Program Materials & Activity Fees	(5,136.41)	(5,136 41)	0	0
c	Program Gifts, Recognition and Awards	648.72	648.72	0	0
d	Staff Development & Memberships	340.24	0	340.24	0
e	All other expenses Print, Postage & Bank Fees	2,317.07	0	2,317 07	0
25	Total functional expenses. Add lines 1 through 24e	222,661.66	166,133.73	52,800 85	3,727.08
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)				

	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pai	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	(9,314.32)	1	28,092.46
	2	Savings and temporary cash investments		2	150.33
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	11,662.97	5	21,099.18
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	<u> </u>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,348.65	-	49,341.97
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>ia</u>	00			23	·
_	23 24	Secured mortgages and notes payable to unrelated third parties		24	
	l	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25		26	
nces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
aga	27	Net assets without donor restrictions	2,348.65	27	49,341.97
Ä	28	Net assets with donor restrictions		28	_
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
6	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
λt/	32	Total net assets or fund balances	2,348 65	32	49,341.97
ž	33	Total liabilities and net assets/fund balances	2,348.65	33	49,341.97

Form **990** (2019)

					90
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		• :	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			54.98
2	Total expenses (must equal Part IX, column (A), line 25)	2			61.66
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	93 32
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,3	48.65
5	Net unrealized gains (losses) on investments	5		_	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		49,3	41.97
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ц.
				Yes	No
1	Accounting method used to prepare the Form 990. 🗹 Cash 🔲 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ın		
	Schedule O			·	-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	-	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			·	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			+ -	
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	(piairi (
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	ne		
	Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		ne		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b		
			For	m 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Movement of Youth, Inc.

Employer identification number 26-2399990

	ment of Todat, inc							
Par	t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns	
The c	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hos						,	
4	☐ A medical research organizatio						iii). Enter the	
•	hospital's name, city, and state	•	,			· · · · · · · · · · · · · · · · · · ·	•	
5	An organization operated for t		college or university	owned o	r operate	ed by a government	al unit describ	ed in
•	section 170(b)(1)(A)(iv). (Comp		conege or university	0111100	ороган	a by a government	ar arm account	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	_	•	montal unit described	ın coetie	on 170(h)	/4\/A\/ ₆ \		
6	A federal, state, or local govern	_					the general i	nublic
7	An organization that normally described in section 170(b)(1)(port from	a goven	rimental unit of from	i tile general j	public
_	_		•					
8	A community trust described in							
9	An agricultural research organi	zation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant coll	ege
	or university or a non-land-gran	nt college of agri	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or	۲
	university:							
10	An organization that normally receipts from activities related	eceives: (1) more	e than 331/3% of its su	ipport fro	om contril	outions, membership	o tees, and gro	oss ·
	support from gross investment	income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses	,
	acquired by the organization af							
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).		
12	An organization organized and						ry out the pur	poses
	of one or more publicly suppo							
	Check the box in lines 12a throi							
а		=						
_	the supported organization							
	supporting organization Yo							
h		=				upported organizati	on(s) by havir	10
b	control or management of t							
	organization(s) You must o				persons	that control of man	age the suppe	- tou
	Towns III from a thomas live in towns	-			annoatio	a with and functions	lly intograted	with
С	Type III functionally integrees its supported organization(s						any integrated	with,
d	☐ Type III non-functionally in	ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	rted organiza	tion(s)
	that is not functionally integ						d an attentive	ness
	requirement (see instruction	•						
е		zation received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	ıl, Type III	
	functionally integrated, or T	ype III non-func	tionally integrated sur	porting o	organizati	ion.		
f	Enter the number of supported o	rganızatıons						
g								
	(i) Name of supported organization	(II) EIN	(III) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount	
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support	
			above (see instructions))			matructions)	instructions	"
				Yes	No			
(A)								
(B)								
					<u> </u>		-	
(C)								
(D)					1]		
					 		-	
(E)								
				L	L			

Total

Part	II Support Schedule for Organiza						
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alıfy under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0045	(h) 0010	(=) 2017	(4) 204.0	(a) 2010	/6 Total
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018_	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			/			
3	The value of services or facilities furnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3.	_					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4			<u> </u>	J		
	on B. Total Support		/ /	1	1 1 2212	1 () 00 (0	
	dar year (or fiscal year beginning in)	(a) 2015	(b) ⁷ 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		 			-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	/					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(sée instructi	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	0		<u></u>			-
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line					14	<u>%</u>
15	Public support percentage from 2018 Sci					15	%
16a	331/3% support test—2019. If the organibox and stop here. The organization/qua				nd line 14 is 3	3./3% of Hore,	. P
b	331/3% support test – 2018. If the organithis box and stop here. The organization	zation did not qualifies as a	check a box o publicly suppo	on line 13 or 16 orted organizat	ion .		nore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization metal VI how the organization meets the "organization"	eets the "facts facts-and-circ 	-and-circumstaumstances" te	ances" test, clest est The organi	neck this box zation qualifie	and stop here s as a publicly · ·	Explain in supported ▶ □
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ition meets the "fac	ne "facts-and-ots-and-ots-and-circum:	circumstances stances" test	" test, check The organizat	this box and a non qualifies as	stop here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, ched	k this box and	see . ▶ □
					Sc	hedule A (Form 99	0 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	•					
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")	114,730	57,074	154,087	195,814	145,537	667,242
2	Gross receipts from admissions, merchandise						_
	-sold or services performed, or facilities furnished in any activity that is related to the					: *	
	organization's tax-exempt purpose	37,617	89,957	82,336	72 <u>,</u> 349	124,116	406,375
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	152,347	147,031	236,423	268,163	269,653	1,073,617
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	5,720	36,270	34,918	27,141	59,571	163,620
C	Add lines 7a and 7b	5,720	36,270	34,918	27,141	59,571	163,620
8	Public support. (Subtract line 7c from						
04	line 6.)	L 1					909,997
	on B. Total Support	(=) 0045	(h) 0040	(=) 0017	(4) 0040	(=) 0010	(f) Tetal
caien 9	dar year (or fiscal year beginning in)	(a) 2015 152,347	(b) 2016 147,031	(c) 2017 236,423	(d) 2018 268,163	(e) 2019 269,653	(f) Total 1,073,617
9 10a	Amounts from line 6	132,347	147,031	230,423	200,103	209,033	1,073,017
iva	payments received on securities loans, rents, royalties, and income from similar sources.	o	o	o	0	2	2
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-				
c	Add lines 10a and 10b	0	0	0	0	2	2
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	152,347	147,031	236,423	268,163	269,655	1,073,619
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		or fifth tax ye	ear as a section	
Secti	on C. Computation of Public Suppor				· <u> </u>		
15	Public support percentage for 2019 (line 8			3. column (fl)		15	84.76 %
16	Public support percentage from 2018 Sch		•			16	86.43 %
_	on D. Computation of Investment Inc					•	
17	Investment income percentage for 2019 (y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2018	Schedule A, F	art III, line 17			18	0 %
19a	331/3% support tests-2019. If the organi	zation did not	check the box	on line 14, an	d line 15 is m	ore than 331/3%	6, and line
	17 is not more than 331,8%, check this box	and stop here.	The organizatio	n qualifies as a	publicly suppo	orted organization	on 🕨 🔽
b	331/3% support tests - 2018. If the organiz	ation did not ch	eck a box on l	ine 14 or line 19	9a, and line 16	is more than 3	3¹ദ%, and
	line 18 is not more than 331,8%, check this b	oox and stop he	ere. The organiz	zation qualifies	as a publicly si	upported organi	zation 🕨 🔲
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by	<u></u>	منسبعا اد	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule	A /Enrm	aga or	000-E7	2010

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Part	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)		·	لــــا
_	below, the governing body of a supported organization?	11a	<u> </u>	<u> </u>
	A family member of a person described in (a) above?	11b 11c		<u> </u>
	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. on B. Type I Supporting Organizations	LIIC	L	<u> </u>
Occil	ON D. Type I oupporting Organizations	_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.55	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		
Secti	on 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			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	—	├
Secti	on D. All Type III Supporting Organizations			<u> </u>
00011	on b. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	į.		
	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?	1		ļ,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u></u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ction	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government ontity (s	see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			i
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities	2a		
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	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.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ <u>.</u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

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

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			· · · · · · · · · · · · · · · · · · ·
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			<u> </u>
b	From 2015 .			
С	From 2016			
d	From 2017			
е_	From 2018			
f	Total of lines 3a through e			
g				
<u>h</u>	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions)			
<u>, 1</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
<u></u>	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			<u> </u>
а	Excess from 2015			<u> </u>
b	Excess from 2016 .			
С	Excess from 2017			
d	Excess from 2018 .			<u> </u>
е	Excess from 2019	<u> </u>		

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

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

26-2399990 Movement of Youth, Inc Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1)(2)(3)

(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In c	lefauit?	by bo	proved pard or nittee?	(ı) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1) Atrayus Goode	President	Assistance		~	21,099.18	21,099.18		~	>			~
(2)												
(3)												
(4)												<u>L</u>
(5)												
(6)												<u>L_</u>
(7)						_						
(8)												L
(9)												
(10)												

Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

(a) Name of interested person	(b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	N
					╙
					-
					
					\vdash
				-	\vdash
Supplemental Information. Provide additional informatio	n for responses to allestions	on Schedule I. (see	instructions)		
	To responses to questions	On Concadic E (GCC	113014601313).		
Part II Loans to Interested Person - P	lease note that 100% of the loa	n has been paid off a	t the time of this filing 11/15/20		
			<u></u>		
	<i></i>				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Movement of Youth, Inc.			26-2399990
From Part III of 990 line 4d "Other Program Services	5"		
MBK Social Justice Summer Academy	Expense= \$ 9,428 90	Rever	nue = \$ 0.00
MBK Social Justice Summer Academy is an intensi	ve two week long summer experienc	e. The Academy	provides the space for students to
explore social injustices in the Triangle in areas of	health disparities, immigration, pove	erty/homelessness,	racial injustices, and sexual
orientation/gender identity. Upon graduation, stude	ents present their Social Justice Plar	n to a panel of judg	es and the winning team receives
an award as well as support to implement their proj	posal		
Students Served = 25			
My Brother's Keeper	Expense = \$ 6,914 06	Reven	ue= \$ 22,896.75
My Brother's Keeper (MBK) - Movement of Youth ar	nd the goals of MBK are strongly allie	ed and MOY helps	to set direction on strategies for
achieving the following 3 goals:			
- Ensuring college and career readiness			
- Ensuring successful entry into the workford	ce		
- Ensuring job stability for all youth, particula	arly boys and young men of color		
Evening of Giving	Expense = \$ 6,289.16	Revenu	e= \$ 0.00
Evening of Giving - This recognition program recog	nizes three students who exemplify	the qualities of cor	mmitment to service, community
leadership and academic excellence. These studen	nts are awarded the Tyreic E. Hemphi	III Memorial Schola	rship to assist with higher
education costs			
St Vincent's Ministries for Youth	Expense = \$ 4,407.47	Revenue	e= \$ 0.00
St Vincent's Ministries for Youth - Movement of You	uth partners with community organize	ations to send high	school & college students
of color to engage in international work & volunteer	rism abroad during the summer. MC	OY also sent 2 stud	ent to St. Vincent & the
Grenadines to help to facilitate the ADARE Soccer	camp while learning about the local o	culture and custom	s of the islands.

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page . Employer identification number
Movement of Youth, Inc.	26-2399990
Witness for Peace International Delegation Expense = \$ (25,	.640.51) Revenue = \$ 0.00
Witness for Peace International Delegation - MOY works in conjuction with Witne	ss for Peace to send attendees on international delegations
designed to teach them to be more effective, respectful of other cultures political	and economic systems, and willing to take a stand
for the world's welfare In 2019 MOY sent one delegate to the Mexico/US Border t	o sensitize participants to the humanitarian concerns
The expense for this pragram shows a large negative because MOY was reimburs	ed for delegations paid for in earlier years as a part of our
collaboration with WFP.	
From Part VI Section B Line 11b - The President conducts a complete review of the	e tax package with the Treasurer and then emails the board
of directors the complete 990 tax package requesting their review and input. After	er the board of directors is satisfied with the tax package, i
is subsequently filed with the IRS.	
From Part VI Section B Line 12c - The President reviews the Conflict of Interest Po	olicy at each yearly board meeting and when new
From Part VI Section C Line 19 - Movement of Youth publishes it's email, contact publishes it's email pub	ohone number and contact address on the company
	······································