Form **990**

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.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MOVEMENT STRATEGY CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1625 CLAY STREET 6TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
OAKLAND, CA 94612

D Employer identification number
20-1037643

E Telephone number
(510) 444-0640

G Gross receipts $ 24,333,392

F Name and address of principal officer:
CARLA DARTIS
1625 CLAY STREET 6TH FLOOR
OAKLAND,CA 94612

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.MOVEMENTSTRATEGY.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2004 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE MOVEMENT STRATEGY CENTER WORKS TO INCREASE THE CAPACITY OF INDIVIDUALS, (CONT. ON SCHEDULE O) ORGANIZATIONS, ALLIANCES AND SECTORS TO BE MORE STRATEGIC, COLLABORATIVE AND SUSTAINABLE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	257
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	27,893,831	18,814,265
9	Program service revenue (Part VIII, line 2g)	1,287,738	2,393,028
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	375,991	580,963
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,557,560	21,788,256
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,396,610	12,263,112
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,304,636	13,746,159
16a	Professional fundraising fees (Part IX, column (A), line 11e)	701,045	227,929
b	Total fundraising expenses (Part IX, column (D), line 25) 731,918		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,270,026	9,714,782
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	39,672,317	35,951,982
19	Revenue less expenses. Subtract line 18 from line 12	-10,114,757	-14,163,726

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	51,406,860	36,420,573
21	Total liabilities (Part X, line 26)	6,077,657	5,191,310
22	Net assets or fund balances. Subtract line 21 from line 20	45,329,203	31,229,263

Part II 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.

Sign Here

Signature of officer | Date 2026-05-08
CARLA DARTIS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2026-04-29		P01340068

Firm's name COHNREZNICK ADVISORY LLC — Firm's EIN 33-3709623

Firm's address 621 CAPITOL MALL SUITE 2150 SACRAMENTO, CA 95814 — Phone no. (916) 442-9100

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

(SEE SCHEDULE O)SUPPORTING HEALTH, FOOD SECURITY, EDUCATION, AND COMMUNITY-BASED INITIATIVES THROUGH ADVOCACY, GRANTMAKING, AND CAPACITY-BUILDING EFFORTS. DURING THE FISCAL YEAR, THE ORGANIZATION FUNDED AND SUPPORTED MULTIPLE INITIATIVES FOCUSED ON ADVANCING HEALTH EQUITY, EXPANDING ACCESS TO NUTRITIOUS FOOD, AND STRENGTHENING EDUCATIONAL OPPORTUNITIES, WHILE BUILDING COMMUNITY LEADERSHIP. PROGRAM ACTIVITIES INCLUDED:- ISSUING GRANTS TO ORGANIZATIONS ADVANCING HEALTH, FOOD SECURITY, AND EDUCATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 31,491,085 including grants of $ 12,263,112) (Revenue $ 2,393,028)

AT MOVEMENT STRATEGY CENTER (MSC), WE REMAIN COMMITTED TO SUPPORTING MISSION-DRIVEN ORGANIZATIONS AND INITIATIVES THROUGH A COMPREHENSIVE AND COLLABORATIVE APPROACH. OUR KEY PROGRAM AREAS, INCLUDING FOUNDATION REGRANTING, SPECIAL INTEREST AND COMMUNITY ADVISED FUNDS, DONOR ADVISED FUND (DAF) PROGRAMS, CAPACITY BUILDING, COMMUNICATIONS, STRATEGIC ADVISORY SERVICES, AND FISCALLY SPONSORED PROJECTS (FSPS), ARE DESIGNED TO PROVIDE ADMINISTRATIVE, FINANCIAL, AND PROGRAMMATIC SUPPORT TO ORGANIZATIONS WORKING TO ADDRESS A RANGE OF SOCIAL, ECONOMIC, AND ENVIRONMENTAL CHALLENGES.MSC WORKS WITH A BROAD NETWORK OF COMMUNITY-BASED LEADERS AND ORGANIZATIONS. OUR STAFF AND BOARD BRING A RANGE OF PROFESSIONAL AND LIVED EXPERIENCES THAT INFORM OUR WORK AND HELP ENSURE ALIGNMENT WITH THE POPULATIONS AND COMMUNITIES SERVED. THROUGH OUR PROGRAMS, WE AIM TO STRENGTHEN ORGANIZATIONAL CAPACITY, EXPAND ACCESS TO FUNDING RESOURCES, AND PROMOTE EFFECTIVE AND RESPONSIBLE GRANTMAKING PRACTICES.MOVEMENT INFRASTRUCTURE AND INNOVATION CENTER (MIIC)MIIC SERVES AS AN ADMINISTRATIVE AND OPERATIONAL HUB SUPPORTING MSC'S FISCALLY SPONSORED PROJECTS AND PARTNER ORGANIZATIONS. MIIC PROVIDES FISCAL OVERSIGHT, COMPLIANCE, AND ADMINISTRATIVE SERVICES, ENABLING PARTNERS TO FOCUS ON PROGRAM IMPLEMENTATION. MIIC ALSO OFFERS CONSULTING AND PROGRAM DESIGN SERVICES TO SUPPORT ORGANIZATIONAL DEVELOPMENT AND SECTOR-WIDE EFFECTIVENESS.MOVEMENT STRATEGY NETWORK (MSN)MSN IS A NETWORK OF PARTNER ORGANIZATIONS THAT COLLABORATE ON SHARED PROGRAMMATIC GOALS. MSC SUPPORTS MSN PARTNERS THROUGH GENERAL OPERATING SUPPORT, CAPACITY-BUILDING SERVICES, AND COORDINATION EFFORTS TO ENHANCE COLLABORATION AND LONG-TERM SUSTAINABILITY.REGRANTING SERVICESMSC ADMINISTERS REGRANTING PROGRAMS THAT DISTRIBUTE FUNDS TO ELIGIBLE ORGANIZATIONS IN ACCORDANCE WITH DONOR INTENT AND APPLICABLE REGULATIONS. THESE PROGRAMS ARE DESIGNED TO INCREASE ACCESS TO FUNDING FOR COMMUNITY-BASED ORGANIZATIONS AND TO SUPPORT PROJECTS ADDRESSING IDENTIFIED COMMUNITY NEEDS.SPECIAL INTEREST AND COMMUNITY ADVISED FUNDSTHESE FUNDS SUPPORT TARGETED GRANTMAKING INITIATIVES FOCUSED ON SPECIFIC ISSUE AREAS OR COMMUNITIES. MSC FACILITATES GRANTMAKING PROCESSES THAT INCORPORATE INPUT FROM ADVISORS AND STAKEHOLDERS TO INFORM FUNDING DECISIONS, CONSISTENT WITH APPLICABLE GUIDELINES AND DONOR RESTRICTIONS.DONOR ADVISED FUND (DAF) PROGRAMMSC ADMINISTERS DONOR ADVISED FUNDS THAT ALLOW DONORS TO RECOMMEND GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS. THE PROGRAM ENCOURAGES TIMELY AND EFFECTIVE DISTRIBUTION OF CHARITABLE FUNDS IN ALIGNMENT WITH DONOR INTENT AND IRS REQUIREMENTS.INTERMEDIARY FUND COHORT PARTICIPATIONMSC PARTICIPATES IN COLLABORATIVE INITIATIVES WITH PEER ORGANIZATIONS TO DEVELOP RESOURCES AND BEST PRACTICES FOR INTERMEDIARY GRANTMAKING AND FISCAL SPONSORSHIP. MSC PROVIDES FINANCIAL MANAGEMENT, COMPLIANCE SUPPORT, AND ADMINISTRATIVE SERVICES TO FISCALLY SPONSORED PROJECTS TO ENSURE ADHERENCE TO APPLICABLE LAWS AND REGULATIONS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** 31,491,085

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	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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 Rev. Proc. 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	Yes	
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, VII, VIII, IX, or X, as applicable.			
a	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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	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
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	12a		No
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	Yes	
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		No
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	Yes	
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?	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	Yes	

Part IV **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	Yes	
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	Yes	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		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 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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		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 on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	445			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V 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 Statements, filed for the calendar year ending with or within the year covered by this return	2a	257			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
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).**					
a	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		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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.**					
a	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:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	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.			15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a** 10			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 5			
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? .		**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?		**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?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	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

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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 deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process on 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**		No
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**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SIHLE DINANI 1625 CLAY STREET 6TH FLOOR OAKLAND, CA 94612 (510) 444-0640

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANASA TROUTMAN BOARD CHAIR	1.00 0.00	X		X				41,944	0	0
(2) CARLA DARTIS EXECUTIVE DIRECTOR	39.00 1.00	X		X				208,403	0	42,529
(3) ERRIKA MOORE BOARD MEMBER	1.00 0.00	X						140,071	0	16,123
(4) JACQUELINE PATTERSON BOARD MEMBER	1.00 0.00	X						0	0	0
(5) JUDITH LEBLANC BOARD MEMBER	1.00 0.00	X						0	0	0
(6) SANDRA BASS BOARD MEMBER	1.00 0.00	X						0	0	0
(7) SHIVA PATEL BOARD MEMBER	1.00 0.00	X						0	0	0
(8) SIHLE DINANI BOARD TREASURER	1.00 0.00	X		X				18,951	0	7,582
(9) TAJ JAMES PROJ. DIR/VICE CHAIR, CO-FOUNDER	39.00 1.00	X		X				176,425	0	25,199
(10) TOMAS GARDUNO BOARD MEMBER	1.00 2.00	X						0	0	0
(11) ISRAEL GHEBRETINSAE COO & CFO (10/28/24-3/17/25)	40.00 0.00			X				36,295	0	4,459
(12) ALEXIE TORRES SOMFSL (PROJECT) DIRECTOR	40.00 0.00					X		172,000	0	0
(13) MOHINI TADIKONDA CHIEF ADV. OFFICER (THRU 2/25)	40.00 0.00					X		173,308	0	16,232
(14) SACOBY WILSON CEEJH PROJECT DIRECTOR	40.00 0.00					X		148,507	0	9,827
(15) TENESHA DUNCAN OCC PROJECT DIRECTOR	40.00 0.00					X		214,862	0	13,374
(16) THOMYA GOODE OCC PORTFOLIO SERVICE DIRECTOR	40.00 0.00					X		136,488	0	331

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations

	(D)	(E)	(F)
1b Sub-Total			
c Total from continuation sheets to Part VII, Section A . .			
d Total (add lines 1b and 1c)	1,467,254	0	135,656

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 36

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NOBLE ACCOUNTING LLC 2790 SKYPARK DRIVE SUITE 210-009 TORRANCE, CA 90505	ACCOUNTING	898,275
DESIGNING JUSTICE DESIGNING SPACES 2744 EAST 11TH STREET UNIT H03 OAKLAND, CA 94601	CONSULTING	163,580
DEVLABS LLC 1305 FRANKLIN ST SUITE 250 OAKLAND, CA 94612	CONSULTING	120,000
WILLIAM A WELCH 18423 ARMINTA STREET LOS ANGELES, CA 91335	CONSULTING	118,101
JOANNA CEA CONSULTING LLC 84-548 UPENA ST WAIANAE, HI 96792	CONSULTING	116,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 9

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 855,881				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 17,958,384				
	g Noncash contributions included in lines 1a - 1f:$	1g 34,425				
	h **Total.** Add lines 1a-1f		18,814,265			
Program Service Revenue		Business Code				
	2a CONSULTING AND SERVICE FEES	900099	1,591,715	1,591,715		
	b PROGRAM MANAGEMENT	561000	588,297	588,297		
	c TRAINING AND RETREATS	611430	213,016	213,016		
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		2,393,028			

Other Revenue		(i)	(ii)	(A)	(B)	(C)	(D)
	3 Investment income (including dividends, interest, and other similar amounts)			599,306			599,306
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a 2,526,793					
	b Less: cost or other basis and sales expenses	7b 2,545,136					
	c Gain or (loss)	7c -18,343					
	d Net gain or (loss)			-18,343			-18,343
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
OtherRevenueMiscAmt		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			21,788,256	2,393,028	0	580,963

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,944,248	11,944,248		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	240,864	240,864		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	78,000	78,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	848,178	702,205	121,811	24,162
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 Other salaries and wages	10,470,289	8,706,378	1,457,289	306,622
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,502,931	1,200,345	269,420	33,166
10 Payroll taxes	924,761	767,255	130,031	27,475
11 Fees for services (non-employees):				
a Management				
b Legal	158,004	133,983	24,021	
c Accounting	1,108,148	937,164	170,984	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	227,929			227,929
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,264,144	3,473,589	697,806	92,749
12 Advertising and promotion	41,938	41,238	700	
13 Office expenses	766,607	715,342	50,854	411
14 Information technology	104,125	82,366	21,759	
15 Royalties				
16 Occupancy	310,994	159,975	148,029	2,990
17 Travel	1,097,250	1,030,205	56,014	11,031
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	581,092	535,974	42,339	2,779
20 Interest	15,028	33	14,995	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,498	365	66,133	
23 Insurance	131,929		131,929	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTION	710,537	383,068	324,865	2,604
b HONORARIA, AWARDS AND S	272,867	272,867		
c BAD DEBT EXPENSES	85,621	85,621		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	35,951,982	31,491,085	3,728,979	731,918
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).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		22,937,018	1	21,674,619
	2	Savings and temporary cash investments		14,923,378	2	5,321,943
	3	Pledges and grants receivable, net		10,597,292	3	5,958,867
	4	Accounts receivable, net		1,077,264	4	1,409,024
	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			5	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		114,928	9	266,738
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 230,415			
	b	Less: accumulated depreciation	10b 89,456	207,457	10c	140,959
	11	Investments—publicly traded securities		848,405	11	1,037,750
	12	Investments—other securities. See Part IV, line 11		470,559	12	462,546
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		230,559	14	148,127
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		51,406,860	16	36,420,573
Liabilities	17	Accounts payable and accrued expenses		1,982,741	17	2,445,519
	18	Grants payable			18	
	19	Deferred revenue		737,045	19	325,317
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		3,357,871	25	2,420,474
	26	**Total liabilities.** Add lines 17 through 25		6,077,657	26	5,191,310
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		15,133,092	27	10,862,231
	28	Net assets with donor restrictions		30,196,111	28	20,367,032
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		45,329,203	32	31,229,263
	33	Total liabilities and net assets/fund balances		51,406,860	33	36,420,573

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,788,256
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,951,982
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,163,726
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,329,203
5	Net unrealized gains (losses) on investments	5	63,786
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	31,229,263

Part XII Financial Statements and Reporting

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

			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," explain on Schedule O.			
2a	Were the organization’s financial statements compiled or reviewed by an independent accountant?	2a		No
	If ‘Yes,’ check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization’s financial statements audited by an independent accountant?	2b	Yes	
	If ‘Yes,’ check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

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

2024

Open to Public Inspection

Name of the organization
MOVEMENT STRATEGY CENTER

Employer identification number
20-1037643

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The 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).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	28,861,626	54,875,673	30,162,609	27,893,831	18,814,265	160,608,004
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	28,861,626	54,875,673	30,162,609	27,893,831	18,814,265	160,608,004
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) . .						37,088,863
6 **Public support.** Subtract line 5 from line 4.						123,519,141

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	28,861,626	54,875,673	30,162,609	27,893,831	18,814,265	160,608,004
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	16,386	6,682	149,035	373,204	599,306	1,144,613
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.). .	152,569					152,569
11 **Total support.** Add lines 7 through 10						161,905,186

12 Gross receipts from related activities, etc. (see instructions) . . . . | 12 | 9,945,403

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . | 14 | 76.290 %

15 Public support percentage for 2023 Schedule A, Part II, line 14 . . . . | 15 | 76.410 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶☐

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
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 organization's tax-exempt purpose						
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						
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.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Line	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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		
c	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 lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on 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		
c	Did a disqualified person (as defined on 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 line 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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section 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 **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		

Section 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, 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		

Section 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 instructions)**:

- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b 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 **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above 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 lines 3a and 3b below.**			
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?*If "Yes" or "No", provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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)
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	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 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***)	5	
6 Other distributions (*describe in **Part VI***). See instructions	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i)** Excess Distributions	**(ii)** Underdistributions Pre-2024	**(iii)** Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in **Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in **Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in **Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2020 AMOUNT: $ 152,569.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

Name of the organization	**Employer identification number**
MOVEMENT STRATEGY CENTER	20-1037643

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ ______________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
MOVEMENT STRATEGY CENTER	20-1037643

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
MOVEMENT STRATEGY CENTER

Employer identification number
20-1037643

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
MOVEMENT STRATEGY CENTER

Employer identification number
20-1037643

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 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

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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 filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c Total lobbying expenditures (add lines 1a and 1b)	0	
d Other exempt purpose expenditures	26,835,644	
e Total exempt purpose expenditures (add lines 1c and 1d)	26,835,644	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	0	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		95	50	0	145
d Grassroots nontaxable amount	250,000	250,000	250,000	0	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures		95	50	0	145

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
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			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."**

1	Dues, assessments and similar amounts from members	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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
MOVEMENT STRATEGY CENTER

Employer identification number
20-1037643

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	5	
2	Aggregate value of contributions to (during year)	1,653,622	
3	Aggregate value of grants from (during year)	1,262,736	
4	Aggregate value at end of year	2,098,659	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . ☑ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . .	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ____________

(ii) Assets included in Form 990, Part X . . . . ▶ $ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ____________

b Assets included in Form 990, Part X . . . . ▶ $ ____________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ ....

c Term endowment ▶ ....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		188,651	73,446	115,205
e Other		41,764	16,010	25,754
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				140,959

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	**(b)** Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	
LEASE LIABILITY	172,032
EXITED FISCALLY-SPONSORED PROJECTS LIABILITY	2,240,947
DUE TO RELATED PARTIES	7,495
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,420,474

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	22,653,767
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	63,786		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	801,725		
e	Add lines **2a** through **2d**			2e	865,511
3	Subtract line **2e** from line **1**			3	21,788,256
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	21,788,256

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	Total expenses and losses per audited financial statements			1	36,462,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	510,443		
e	Add lines **2a** through **2d**			2e	510,443
3	Subtract line **2e** from line **1**			3	35,951,982
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	35,951,982

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
PART X, LINE 2:	THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SECTION 23701(D) OF THE REVENUE TAXATION CODE OF CALIFORNIA AND CLASSIFIED AS A PUBLIC BENEFIT CORPORATION. HOWEVER, CERTAIN OPERATIONS OF THE ORGANIZATION MAY QUALIFY AS UNRELATED BUSINESS TAXABLE INCOME AND, TO THE EXTENT THAT THESE OPERATIONS GENERATE INCOME, THEY WILL BE SUBJECT TO FEDERAL AND STATE TAXES. DURING THE YEAR ENDED JUNE 30, 2025, THERE WAS NO UNRELATED BUSINESS INCOME FOR THE ORGANIZATION. THE ORGANIZATION'S FEDERAL AND STATE INFORMATION RETURNS PRIOR TO FISCAL YEAR 2024 AND 2023 RESPECTIVELY, ARE CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT, AS OF JUNE 30, 2025, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF MANAGEMENT AND GENERAL EXPENSES AND INCLUDES ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES IN THE STATEMENT OF FINANCIAL POSITION. THERE WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED JUNE 30, 2025.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	AFFILIATES REMOVED FROM CONSOLIDATED TOTALS 801,725.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	AFFILIATES REMOVED FROM CONSOLIDATED TOTALS 510,443.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ 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 STRATEGY CENTER

Employer identification number
20-1037643

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	NORTH AMERICA	0	0	GRANTS		78,000
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			78,000
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			78,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		NORTH AMERICA	GRANTS SUPPORT RECIPIENT ORGANIZATIONS' IMPLEMENTATION OF INITIATIVES ADVANCING HEALTH, FOOD SECURITY, AND EDUCATION, INCLUDING COMMUNITY-BASED PROGRAMS, POLICY ADVOCACY, AND CAPACITY-BUILDING ACTIVITIES.	42,000	WIRE	0		
(2)		NORTH AMERICA	GRANTS SUPPORT RECIPIENT ORGANIZATIONS' IMPLEMENTATION OF INITIATIVES ADVANCING HEALTH, FOOD SECURITY, AND EDUCATION, INCLUDING COMMUNITY-BASED PROGRAMS, POLICY ADVOCACY, AND CAPACITY-BUILDING ACTIVITIES.	24,000	WIRE	0		
(3)		NORTH AMERICA	GRANTS SUPPORT RECIPIENT ORGANIZATIONS' IMPLEMENTATION OF INITIATIVES ADVANCING HEALTH, FOOD SECURITY, AND EDUCATION, INCLUDING COMMUNITY-BASED PROGRAMS, POLICY ADVOCACY, AND CAPACITY-BUILDING ACTIVITIES.	12,000	WIRE	0		
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 3

3 Enter total number of other organizations or entities . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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 noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part 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 ☑ 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)* . . . . ☐ Yes ☑ 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)* . . . . ☐ Yes ☑ 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 ☑ 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 ☑ 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 ☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	THE ORGANIZATION MONITORS GRANTS THROUGH A COMBINATION OF WRITTEN GRANT AGREEMENTS, PERIODIC NARRATIVE AND FINANCIAL REPORTING REQUIREMENTS, AND ONGOING COMMUNICATION WITH GRANTEES. GRANT AGREEMENTS SPECIFY THE PURPOSE, PERMITTED USE OF FUNDS, AND REPORTING EXPECTATIONS. GRANTEES ARE REQUIRED TO SUBMIT FINANCIAL AND PROGRAMMATIC REPORTS UPON COMPLETION OF THE GRANT PERIOD, AND IN SOME CASES PERIODICALLY DURING THE GRANT TERM. THE ORGANIZATION REVIEWS THESE REPORTS TO ENSURE FUNDS ARE USED IN ACCORDANCE WITH GRANT TERMS. ADDITIONAL DUE DILIGENCE PROCEDURES MAY INCLUDE PRE-AWARD ASSESSMENTS AND FOLLOW-UP INQUIRIES AS NEEDED.
PART I, LINE 2:	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 UPON COMPLETION OF THE GRANT PERIOD.

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
MOVEMENT STRATEGY CENTER

Employer identification number
20-1037643

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1	CRISTIANA BAIK 8010 SHAY DRIVE OAKLAND, CA 94605	FUND DEVELOPMENT SERVICES		No	6,500,000	40,000	6,460,000
2	MAKING IT COUNT LLC 130 GRAYLYN DRIVE CHAPEL HILL, NC 27516	GRANT WRITING, REPORTS, AND FUNDER CULTIVATION WITH FOUNDATI		No	587,129	34,164	552,965
3	SONIA SARKAR 915 SOUTH WOLFE STREET APT 335 BALTIMORE, MD 21231	STRATEGY SUPPORT		No	250,000	19,350	230,650
4	SCOTT NINE CONSULTING 5 SE 69TH AVE PORTLAND, OR 97215	CONSULTING RETAINER FOR RESOURCE STEWARDSHIP		No	0	50,000	0
5	ALLEY OOP ADVISORY LLC 701 PRESIDENT STREET APT 4 BROOKLYN, NY 11215	GRANTWRITING		No	0	30,000	0
6	SHAWNA WAKEFIELD 100 BROOKLYN AVENUE APT 1 BROOKLYN, NY 11216	LEAD FUNDRAISING STRATEGIES FOR RRP		No	0	20,000	0
7	ERIN E DOTSON LLC 50 DUTCHESS TERRACE BEACON, NY 12508	PROSPECT RESEARCH		No	0	11,375	0
8	SHAUN GROGAN-BROWN 1915 CALVER STREET NW APARTMENT 2 WASHINGTON, DC 20009	RAD OPS TOOLKIT		No	0	8,800	0
9	STEPHANIE IMAH PO BOX 5265 BERKELEY, CA 94705	ADVANCEMENT CONSULTANT		No	0	8,000	0
10	LEFT ALIGN CONSULTING LLC 1292 WINBURN DRIVE ATLANTA, GA 30344	FOUNDATION FUNDRAISING SUPPORT - GRANT WRITING, PROSPECT RES		No	0	6,240	0
Total . . . . ▶					7,337,129	227,929	7,243,615

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ________ % ☐ No	☐ Yes ________ % ☐ No	☐ Yes ________ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____________________

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____________________

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____________________

11 Does the organization conduct gaming activities with nonmembers? . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
PART I, LINE 2B COKUMN (IV):	THE ORGANIZATION DID NOT TRACK THE GRANT AND CONTRIBUTION REVENUE SPECIFICALLY RAISED BY EACH PROFESSIONAL FUNDRAISER. THE TOTAL REVENUE IS $2,572,390 DUE TO THE COMBINED EFFORTS OF ALL THE PROFESSIONAL FUNDRAISERS.

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990) (Rev. January 2025)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ 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 STRATEGY CENTER

Employer identification number: 20-1037643

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

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

Part II 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 organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RESIST INC 42 SEAVERNS AVE BOSTON,MA 02130	04-2433182	501(C)(3)	203,000	0			ORCHID CAPITAL-GRANT
(2) ANPETU WI LLC 9299 HIGHWAY 24 STE 132 FORT YATES,ND 58538	92-0621960		200,000	0			MSC DAF -GRANT
(3) ASIAN PACIFIC ENVIRONMENTAL NETWORK 426 17TH STREET SUITE 500 OAKLAND,CA 94612	94-3261846	501(C)(3)	185,000	0			MSC REGRANTS-GRANT
(4) PHILANTHROPIC VENTURES FOUNDATION 1222 PRESERVATION PARK WAY OAKLAND,CA 946121201	94-3136771	501(C)(3)	185,000	0			BIG WE FOUNDATION AND MSC DAF-GRANT
(5) LOS ANGELES ALLIANCE FOR A NEW ECONOMY (LAANE) 464 LUCAS AVENUE SUITE 202 LOS ANGELES,CA 90017	95-4459427	501(C)(3)	170,000	0			MSC REGRANTS-GRANT
(6) METROPOLITAN CONGREGATIONS UNITED FOR SAINT LOUIS 4501 WESTMINISTER PLACE 3RD FLOOR SAINT LOUIS,MO 63108	43-1842404	501(C)(3)	170,000	0			MSC REGRANTS-GRANT
(7) SAJE 152 W 32ND STREET LOS ANGELES,CA 90007	93-1226092	501(C)(3)	170,000	0			MSC REGRANTS-GRANT
(8) REALIZE IMPACT 144 JACOLET LN NW BAINBRIDGE ISLAND,WA 98110	46-3594732	501(C)(3)	150,500	0			MSC DAF-GRANT
(9) JUSTICE FUNDERS 1423 BROADWAY 1139 OAKLAND,CA 94612	85-3980966	501(C)(3)	150,000	0			MSC DAF-GRANT
(10) PERINATAL HEALTH EQUITY INITIATIVE 280 S HARRINGTON ST SUITE 311 EAST ORANGE,NJ 07018	82-4815853	501(C)(3)	150,000	0			ORCHID CAPITAL-GRANT
(11) ECOWORKS 22400 WEST 7 MILE ROAD DETROIT,MI 48219	38-2412482	501(C)(3)	135,000	0			MSC REGRANTS-GRANT
(12) ABIDE WOMEN'S HEALTH SERVICES INC 3055 AL LIPSCOMB WAY DALLAS,TX 75215	82-3303040	501(C)(3)	125,000	0			ORCHID CAPITAL-GRANT
(13) THE GREENLINING INSTITUTE 360 14TH STREET 2ND FLOOR OAKLAND,CA 94612	94-3173571	501(C)(3)	120,000	0			MSC REGRANTS-GRANT
(14) ALLIANCE OF RESIDENT THEATRESNEW YORK INC 520 8TH AVENUE SUITE 319 NEW YORK,NY 10018	13-2768583	501(C)(3)	118,500	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(15) CENTER FOR THIRD WORLD ORGANIZING 1714 FRANKLIN STREET SUITE 100 OAKLAND,CA 94612	52-1211059	501(C)(3)	118,500	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(16) FRACTURED ATLAS 228 PARK AVE S NO 56651 NEW YORK,NY 100031502	11-3451703	501(C)(3)	118,500	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(17) FUND FOR THE CITY OF NEW YORK 121 6TH AVE 6TH FLOOR NEW YORK,NY 10013	13-2612524	501(C)(3)	118,500	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(18) RAINIER VALLEY CORPS 1225 S WELLER ST STE 400 SEATTLE,WA 98144	47-4257834	501(C)(3)	118,500	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(19) SHUNPIKE 815 SEATTLE BOULEVARD SOUTH STE 215 SEATTLE,WA 98134	91-2138554	501(C)(3)	118,500	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(20) BREATH OF MY HEART BIRTH PLACE 905 B CALLE ARMADA ESPANOLA,NM 87532	46-2669219	501(C)(3)	112,500	0			MSC REGRANTS AND ORCHID CAPITAL-GRANT
(21) OBRAN CAPITAL HOLDINGS LLC 1401 GREENWOOD TERRACE BERKELEY,CA 94708	92-1684470		100,000	0			MSC DAF -GRANT
(22) EAST YARD COMMUNITIES FOR ENVIRONMENTAL JUSTICE 2317 SOUTH ATLANTIC BOULEVARD LOS ANGELES,CA 90040	46-5685097	501(C)(3)	100,000	0			MSC REGRANTS-GRANT
(23) PROPEL ATL 2870 PEACHTREE RD NW 915-16719 ATLANTA,GA 30305	58-1996013	501(C)(3)	100,000	0			TRANSFORMATION ALLIANCE-GRANT
(24) RICH CITY 1500 MACDONALD AVE UNIT C RICHMOND,CA 94801	93-2070494		100,000	0			MSC DAF-GRANT
(25) CHISHOLM LEGACY PROJECT INC 300 EAST LOMBARD STREET SUITE 840 BALTIMORE,MD 21202	92-0515371	501(C)(3)	82,000	0			COMMUNITY CLIMATE SHIFT-GRANT
(26) ALLIED MEDIA PROJECTS 4731 GRAND RIVER AVENUE SUITE 400 DETROIT,MI 48208	01-0559608	501(C)(3)	81,500	0			MSC, MSC REGRANTS, AND ORCHID CAPITAL-GRANT
(27) PENNSYLVANIA UTILITY LAW PROJECT (PULP) 2 SOUTH EASTON ROAD GLENSIDE,PA 19038	23-1901416	501(C)(3)	75,000	0			MSC REGRANTS-GRANT
(28) TENG AND SMITH INC 2483 CORDOVA STREET OAKLAND,CA 94602	94-3374974		72,000	0			MSC MODEL C-GRANT
(29) POMONA ECONOMIC OPPORTUNITY CENTER INC 1682 W MISSION BLVD POMONA,CA 91766	95-4657497	501(C)(3)	70,312	0			MSC REGRANTS-GRANT
(30) CONCERNED CITIZENS OF CHARLES CITY COUNTY PO BOX 177 PROVIDENCE FORGE,VA 23140	85-2779200	501(C)(3)	70,000	0			COMMUNITY CLIMATE SHIFT-GRANT
(31) NORTH CAROLINA JUSTICE CENTER 224 SOUTH DAWSON STREET RALEIGH,NC 27601	56-1348186	501(C)(3)	70,000	0			MSC REGRANTS-GRANT
(32) MINNESOTA HOUSING PARTNERSHIP 2446 UNIVERSITY AVENUE SUITE 106 SAINT PAUL,MN 551141740	41-1649643	501(C)(3)	65,000	0			MSC REGRANTS-GRANT
(33) SHERWOOD VALLEY BAND OF POMO INDIANS 190 SHERWOOD HILL DRIVE WILLITS,CA 95490	94-2447327	501(C)(3)	60,283	0			MSC REGRANTS-GRANT
(34) COBIZ RICHMOND INC 1503 MACDONALD AVE STE A RICHMOND,CA 94801	84-2956832	501(C)(3)	60,000	0			MSC DAF-GRANT
(35) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS (SEE) INC 23564 CALABASAS ROAD SUITE 201 CALABASAS,CA 91302	95-4116679	501(C)(3)	60,000	0			MOVEMENT STRATEGY CENTER-GRANT
(36) VIRGINIA POVERTY LAW CENTER 919 EAST MAIN ST STE 610 RICHMOND,VA 23219	54-1093402	501(C)(3)	60,000	0			MSC REGRANTS-GRANT
(37) ZELDA PEARLS LLC 6 YOSEMITE RD ORINDA,CA 94563	33-3575656	501(C)(3)	54,540	0			MSC MODEL C-GRANT
(38) POSSIBILITY LABS PO BOX 47587 LOS ANGELES,CA 90047	85-3989363	501(C)(3)	52,500	0			REMEMBER THE FUTURE FUND,MSC DAF,ART.COOP-GRANT
(39) AMALGAMATED CHARITABLE FOUNDATION INC 1825 K ST NW WASHINGTON,DC 20006	82-1517696	501(C)(3)	50,000	0			MSC DAF-GRANT
(40) COMMUNITY VENTURES 4388 LORREN DR FREMONT,CA 94536	01-0919727	501(C)(3)	50,000	0			MSC DAF-GRANT
(41) IN OUR BACKYARDS INC 275 PARK AVENUE BROOKLYN,NY 11205	26-3283639	501(C)(3)	50,000	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(42) LIBERATION VENTURES INC 1438 WEBSTER ST STE 303 OAKLAND,CA 94612	99-4545561	501(C)(3)	50,000	0			MSC DAF-GRANT
(43) SOUTHEAST ENVIRONMENTAL TASK FORCE 13300 SOUTH BALTIMORE AVENUE 1ST FLOOR CHICAGO,IL 60633	36-3977631	501(C)(3)	50,000	0			MSC REGRANTS-GRANT
(44) SUSTAINABLE SEATTLE 7511 GREENWOOD AVE N SUITE 121 SEATTLE,WA 98103	31-1580932	501(C)(3)	50,000	0			THE EQUITABLE INTERMEDIARIES FUND-GRANT
(45) INQUIRING SYSTEMS INC 887 SONOMA AVE 23 SANTA ROSA,CA 95404	94-2524840	501(C)(3)	49,000	0			MSC REGRANTS AND HEAL FOOD ALLIANCE-GRANT
(46) CENTER FOR COMMUNITY ACTION AND ENVIRONMENTAL JUSTICE 3840 SUNNYHILL DRIVE RIVERSIDE,CA 92509	33-0562082	501(C)(3)	42,135	0			MSC REGRANTS-GRANT
(47) LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY 2210 SAN JOAQUIN ST FRESNO,CA 93721	46-1517800	501(C)(3)	42,135	0			MSC REGRANTS-GRANT
(48) CENTER FOR NULEADERSHIP ON URBAN SOLUTIONS INC 12 PARK ST 333 BROOKLYN,NY 11206	45-4968344	501(C)(3)	41,200	0			MSC DAF-GRANT
(49) HOUSING ALLIANCE OF PENNSYLVANIA 309 FLORENCE AVENUE SUITE 914N JENKINTOWN,PA 19046	23-2218001	501(C)(3)	40,000	0			MSC REGRANTS-GRANT
(50) PACE UNIVERSITY 78 NORTH BROADWAY WHITE PLAINS,NY 10603	13-5562314	501(C)(3)	40,000	0			MSC REGRANTS-GRANT
(51) BLACK APPALACHIAN COALITION 2144 FORDWAY STREET OTTAWA HILLS,OH 43606	83-1904410	501(C)(3)	37,500	0			MSC REGRANTS-GRANT
(52) NEW VENTURE FUND 1828 L STREET NW SUITE 300A WASHINGTON,DC 20036	20-5806345	501(C)(3)	37,500	0			MSC REGRANTS-GRANT
(53) ILLINOIS STEWARDSHIP ALLIANCE 230 BROADWAY SPRINGFIELD,IL 62701	37-6160476	501(C)(3)	36,788	0			HEAL FOOD ALLIANCE-GRANT
(54) BLACK MUSIC ENTREPRENEURSHIP INCUBATOR 4400 KELLER AVE STE 140 PMB 118 OAKLAND,CA 94605	85-4045973	501(C)(3)	35,000	0			MSC DAF-GRANT
(55) BORIKUA TAINO FOUNDATION 2805 CALLE AMAZONAS URB RIO CANAS PONCE,PR 00728	66-1031627	501(C)(3)	35,000	0			MSC REGRANTS-GRANT
(56) YOU ARE MORE THAN INC 532 MARLTON PIKE W 726 MARLTON,NJ 08053	85-1725405	501(C)(3)	35,000	0			MSC REGRANTS-GRANT
(57) THE PHILANTHROPY WORKSHOP INC 110 E 25TH ST NEW YORK,NY 10010	98-0592591	501(C)(3)	33,720	0			MSC DAF-GRANT
(58) REUBEN V ANDERSON CENTER FOR JUSTICE 106 E FINN STREET CANTO,MS 39046	84-3206571	501(C)(3)	32,500	0			HEAL FOOD ALLIANCE-GRANT
(59) ALL NATIONS GATHERING CENTER INC PO BOX 584 MARTIN,SD 57551	81-4143350	501(C)(3)	30,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(60) BORDER KINDNESS INC PO BOX 2454 EL CENTRO,CA 92244	84-3140868	501(C)(3)	30,000	0			PRESIDENT'S YOUTH COUNCIL-GRANT
(61) FILM INDEPENDENT INC 5670 WILSHIRE BLVD 9TH FLOOR LOS ANGELES,CA 90036	95-3943485	501(C)(3)	30,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(62) INDIGENOUS VISION 2390 E CAMELBACK RD STE 130 PHOENIX,AZ 85016	47-4307849	501(C)(3)	30,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(63) MISSING AND MURDERED DINE RELATIVES 2418 E HIGHWAY 66 739 GALLUP,NM 87301	88-1124792	501(C)(3)	30,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(64) REDBUD RESOURCE GROUP 416 AVIATION BLVD STE E SANTA ROSA,CA 95403	85-1919822	501(C)(3)	30,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(65) TOWER GROVE COMMUNITY DEVELOPMENT CORP 2317 SOUTH KINGSHIGHWAY SAINT LOUIS,MO 63110	43-1220525	501(C)(3)	30,000	0			MSC REGRANTS-GRANT
(66) TWO POWERS LAND COLLECTIVE INC PO BOX 856 BROWNING,MT 59417	92-3646402	501(C)(3)	30,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(67) WAKING WOMEN HEALING INSTITUTE 1499 MAIN STREET PO BOX 76 GRESHAM,WI 54128	86-1765304	501(C)(3)	30,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(68) VIRGIN ISLANDS GOOD FOOD COALITION 5045 TIDE VILLAGE CHRISTIANSTED,VI 00820	66-0883778	501(C)(3)	29,500	0			HEAL FOOD ALLIANCE-GRANT
(69) INDIGENOUS IDAHO ALLIANCE 812 W FRANKLIN STREET BOISE,ID 83702	84-3898563	501(C)(3)	27,500	0			MSC REGRANTS-GRANT
(70) PURPOSE FOCUSED ALTERNATIVE LEARNING PO BOX 286 LUPTON,AZ 86508	26-1631692	501(C)(3)	26,000	0			HEAL FOOD ALLIANCE-GRANT
(71) ALASKA COMMUNITY ACTION ON TOXICS 1225 EAST INTERNATIONAL AIRPORT ROAD SUITE 220 ANCHORAGE,AK 99518	92-0177082	501(C)(3)	25,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(72) BILLINGS FIRST CONGREGATIONAL CHURCH 310 N 27TH STREET BILLINGS,MT 59101	81-0231776	501(C)(3)	25,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(73) CENTER FOR TRANSFORMATIVE ACTION PO BOX 760 ITHACA,NY 14851	16-0990318	501(C)(3)	25,000	0			MSC DAF-GRANT
(74) COMMUNITY FOUNDATION OF GREATER MEMPHIS INC DEPT 78 PO BOX 1000 MEMPHIS,TN 38148	58-1723645	501(C)(3)	25,000	0			MSC DAF-GRANT
(75) GIVING BACK FUND INC 500 COMMERCIAL ST STE 4R BOSTON,MA 02109	04-3367888	501(C)(3)	25,000	0			MSC DAF-GRANT
(76) IMPACTREE FOUNDATION 3749 BUCHANAN ST UNIT 475207 SAN FRANCISCO,CA 94147	86-2370923	501(C)(3)	25,000	0			MSC DAF-GRANT
(77) NOT OUR NATIVE DAUGHTERS PO BOX 1661 FORT WASHAKIE,WY 82514	88-1170614	501(C)(3)	25,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(78) RURAL COALITION 1029 VERMONT AVENUE NW SUITE 601 WASHINGTON,DC 20005	52-1203899	501(C)(3)	25,000	0			MSC REGRANTS-GRANT
(79) SPROUT NOLA 527 FLOOD STREET NEW ORLEANS,LA 70117	83-1237849	501(C)(3)	25,000	0			HEAL FOOD ALLIANCE-GRANT
(80) THE ACCOMPLIS COLLECTIVE INC 1632 1ST AVENUE SUITE 22939 NEW YORK,NY 10028	85-2503070	501(C)(3)	25,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(81) TIDES FOUNDATION 1014 TORNEY AVENUE SAN FRANCISCO,CA 94129	51-0198509	501(C)(3)	25,000	0			MSC DAF-GRANT
(82) TUNICA BILOXI TRIBE OF LOUISIANA 150 MELACON RD MARKSVILLE,LA 71351	72-0942856		25,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(83) OPERATION SPRING PLANT PO BOX 1759 OXFORD,NC 27565	58-2037106	501(C)(3)	23,000	0			HEAL FOOD ALLIANCE-GRANT
(84) SOCIAL GOOD FUND INC 12651 SAN PABLO AVE UNIT 5473 RICHMOND,CA 94805	46-1323531	501(C)(3)	22,000	0			WAKANDA DREAM LAB AND HEAL FOOD ALLIANCE-GRANT
(85) BABY CAKES AND BRUNCH 1222 IMPERIAL BEND DR HOUSTON,TX 77073	47-1005042	501(C)(3)	21,250	0			MSC REGRANTS-GRANT
(86) HAGERMAN FORWARD INC 105 N WINCHESTER AVE HAGERMAN,NM 88232	27-1406048	501(C)(3)	21,250	0			MSC REGRANTS-GRANT
(87) CULTIVATE CHARLOTTESVILLE 1718 ALLIED STREET SUITE 2 CHARLOTTESVILLE,VA 22903	27-5103914	501(C)(3)	20,500	0			HEAL FOOD ALLIANCE-GRANT
(88) AKAMYA CULTURE GROUP 325 CRATER ST BIG PINE,CA 93513	82-1278911		20,000	0			PRESIDENT'S YOUTH COUNCIL-GRANT
(89) INLAND EMPIRE HARM REDUCTION 4121 10TH STREET RIVERSIDE,CA 92501	83-2802661	501(C)(3)	20,000	0			PRESIDENT'S YOUTH COUNCIL-GRANT
(90) MINNESOTA INDIAN WOMENS RESOURCE CENTER 2300 15TH AVE S MINNEAPOLIS,MN 55404	41-1500950		20,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(91) RENEW MISSOURI 409 VANDIVER DRIVE BUILDING 5 SUITE 205 COLUMBIA,MO 65202	81-3229949		20,000	0			MSC REGRANTS-GRANT
(92) SERENITY SOLIDARITY 16560 LOUISA RD LOUISA,VA 23093	88-1118677	501(C)(3)	20,000	0			OUR SISTERS ARE SACRED FUND-GRANT
(93) SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND INC PO BOX 1053 BUFFALO,NY 14205	82-2309274	501(C)(3)	20,000	0			MSC DAF-GRANT
(94) THE HACK FOUNDATION 8605 SANTA MONICA BLVD 86294 WEST HOLLYWOOD,CA 90069	81-2908499	501(C)(3)	20,000	0			PRESIDENT'S YOUTH COUNCIL-GRANT
(95) TRANSGENDER ADVOCATES KNOWLEDGEABLE EMPOWERING RESOURCE CENTER 7128 OPORTO MADRID BLVD BIRMINGHAM,AL 35206	85-0702039	501(C)(3)	20,000	0			ORCHID CAPITAL-GRANT
(96) ELEPHANT CIRCLE 3548 G ROAD PALISADE,CO 81526	47-1648218	501(C)(3)	19,000	0			ORCHID CAPITAL-GRANT
(97) ARTISANS COOPERATIVE GROUP 36005 HIGHWAY 53 NEHALEM,OR 97131	92-3929475		17,500	0			REMEMBER THE FUTURE FUND AND ART.COOP-GRANT
(98) COMPASS FAMILY SERVICES 37 GROVE ST SAN FRANCISCO,CA 94102	94-1156622	501(C)(3)	17,500	0			MSC DAF-GRANT
(99) DOUBLE EDGE THEATRE PRODUCTIONS INCORPORATED 948 CONWAY RD ASHFIELD,MA 01330	04-2972334	501(C)(3)	17,500	0			REMEMBER THE FUTURE FUND AND ART.COOP-GRANT
(100) IDAHO ORGANIZATION OF RESOURCE COUNCILS 812 W FRANKLIN ST BOISE,ID 83702	46-5310102	501(C)(3)	17,500	0			HEAL FOOD ALLIANCE-GRANT
(101) SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES PO BOX 5248 EUREKA,CA 95502	68-0027247	501(C)(3)	17,500	0			MSC REGRANTS-GRANT
(102) HAND HEART SOUL PROJECT INC 220 ARROWHEAD BOULEVARD SUITE 200 JONESBORO,GA 30236	82-1127395	501(C)(3)	17,000	0			HEAL FOOD ALLIANCE-GRANT
(103) ALLIANCE FOR GLOBAL JUSTICE 225 EAST 26TH STREET STE 1 TUCSON,AZ 85713	52-2094677	501(C)(3)	16,000	0			HEAL FOOD ALLIANCE-GRANT
(104) 805 UNDOCUFUND PO BOX 1154 LOMPOC,CA 93438	86-2230353	501(C)(3)	15,000	0			PRESIDENT'S YOUTH COUNCIL-GRANT
(105) AIN DAH YUNG OUR HOME SHELTER 1089 PORTLAND AVE SAINT PAUL,MN 55104	41-1697692	501(C)(3)	15,000	0			MSC REGRANTS-GRANT
(106) BLACK BELT JUSTICE CENTER PO BOX 2521 WASHINGTON,DC 20013	45-4441783	501(C)(3)	15,000	0			REMEMBER THE FUTURE FUND-GRANT
(107) COMMUNITY MOVEMENT BUILDERS INC 4152 ECHOWOODS DRIVE CLARKSTON,GA 30021	47-4653915	501(C)(3)	15,000	0			PRESIDENT'S YOUTH COUNCIL-GRANT
(108) GROUPMUSE PBC 1321 UPLAND DR PMB 6958 HOUSTON,TX 77043	46-2426440		15,000	0			REMEMBER THE FUTURE FUND-GRANT
(109) JUNIOR HIGH INCORPORATED 603 S BRAND BLVD GLENDALE,CA 91204	81-2071394	501(C)(3)	15,000	0			PRESIDENT'S YOUTH COUNCIL-GRANT
(110) THE FREEDOM FOOD ALLIANCE 4872 STATE ROUTE 9G GERMANTOWN,NY 12526	81-3383624	501(C)(3)	14,500	0			HEAL FOOD ALLIANCE-GRANT
(111) TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA 2020 NORTH CENTRAL AVENUE SUITE 720 PHOENIX,AZ 85004	86-0975231	501(C)(3)	14,000	0			ORCHID CAPITAL-GRANT
(112) SAN DIEGO FOOD SYSTEMS ALLIANCE PO BOX 3185 SAN DIEGO,CA 92163	84-2242207	501(C)(3)	13,000	0			HEAL FOOD ALLIANCE-GRANT
(113) 516 FOUNDATION INC PO BOX 25423 MEMPHIS,TN 38125	90-0746705		12,500	0			MSC REGRANTS-GRANT
(114) BLACKFEET ECO KNOWLEDGE INC PO BOX 377 BROWNING,MT 59417	87-2993172	501(C)(3)	12,500	0			MSC REGRANTS-GRANT
(115) DATA FOR INDIGENOUS JUSTICE PO BOX 231226 ANCHORAGE,AK 99523	85-0771076	501(C)(3)	12,500	0			MSC REGRANTS-GRANT
(116) MEANS LLC 550 FOREST AVE STE 205 PORTLAND,ME 04101	83-4001143		12,500	0			REMEMBER THE FUTURE FUND AND ART.COOP-GRANT
(117) ORGANIZATION FOR HUMAN RIGHTS AND DEMOCRACY 931 MONROE DR NE STE 101-552 ATLANTA,GA 30308	81-0976954	501(C)(3)	12,500	0			MSC REGRANTS-GRANT
(118) TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ,NM 87567	85-0480836	501(C)(3)	12,500	0			MSC REGRANTS-GRANT
(119) THE CENTER FOR NATIVE HEALTH INC 25 WATER TOWER LANE WHITTIER,NC 28789	26-4183908	501(C)(3)	12,500	0			MSC REGRANTS-GRANT
(120) THE KWEK SOCIETY PO BOX 5595 ARLINGTON,VA 22205	82-4369803	501(C)(3)	12,500	0			MSC REGRANTS-GRANT
(121) ASIAN HEALTH SERVICES 101 8TH STREET SUITE 100 OAKLAND,CA 94607	94-2235908	501(C)(3)	12,000	0			MSC AND MSC REGRANTS-GRANT
(122) LA COSECHA COMMUNITY SUPPORTED AGRICULTURE 318 ISLETA BLVD SW SUITE 202 ALBUQUERQUE,NM 87105	82-4552728	501(C)(3)	12,000	0			HEAL FOOD ALLIANCE-GRANT
(123) CORNERSTONE FAMILY OUTREACH INCORPORATED 4030 LAKEVIEW DRIVE COUNTRY CLUB HILLS,IL 60478	82-5306786	501(C)(3)	11,500	0			HEAL FOOD ALLIANCE-GRANT
(124) RESOURCES FOR INDIAN STUDENT EDUCATION INC PO BOX 1878 ALTURAS,CA 96101	68-0346409		10,160	0			OUR SISTERS ARE SACRED FUND-GRANT
(125) DEEP MEDICINE CIRCLE PO BOX 19125 OAKLAND,CA 94619	86-2763469	501(C)(3)	10,000	0			MSC REGRANTS-GRANT
(126) EARTH ISLAND INSTITUTE 2150 ALLSTON WAY SUITE 460 BERKELEY,CA 947041375	94-2889684	501(C)(3)	10,000	0			HEAL FOOD ALLIANCE-GRANT
(127) FUSION PARTNERSHIPS INC 1601 GUILFORD AVE 2 SOUTH BALTIMORE,MD 21202	52-2148413	501(C)(3)	10,000	0			MSC DAF-GRANT
(128) GAME CHANGING MEN INC 388 BULLSBORO 374 NEWNAN,GA 30263	88-1771129	501(C)(3)	10,000	0			ORCHID CAPITAL-GRANT
(129) INNOVATION NETWORK FOR COMMUNITIES 156 GROVER LN TAMWORTH,NH 03886	20-5097409	501(C)(3)	10,000	0			MSC DAF-GRANT
(130) MAKOCE AGRICULTURE DEVELOPMENT PO BOX 163 PORCUPINE,SD 57772	84-4595782	501(C)(3)	10,000	0			MSC REGRANTS-GRANT
(131) MASSACHUSETTS AVENUE PROJECT ATTN GOOD FOOD BUFFALO COALITION 387 MASSACHUSETTS AVE BUFFALO,NY 14213	16-1585356	501(C)(3)	10,000	0			HEAL FOOD ALLIANCE-GRANT
(132) THE CENTER FOR CULTURAL POWER 360 GRAND AVE 146 OAKLAND,CA 94610	45-3154473	501(C)(3)	10,000	0			MSC DAF-GRANT
(133) FARMWORKER ASSOCIATION OF FLORIDA INC (FWAF) 1264 APOPKA BOULEVARD APOPKA,FL 32703	59-2683978	501(C)(3)	8,800	0			HEAL FOOD ALLIANCE-GRANT
(134) UNTIL JUSTICE CORP PO BOX 4172 CEDAR HILL,TX 75106	88-2251193		7,760	0			MOVEMENT STRATEGY CENTER-GRANT
(135) LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO,CA 94112	94-1186156	501(C)(3)	7,500	0			MSC DAF-GRANT
(136) OAKLAND TECHNOLOGY & EDUCATION CENTER 8117 SUNKIST DRIVE OAKLAND,CA 94605	41-2118668	501(C)(3)	7,500	0			WAKANDA DREAM LAB-GRANT
(137) SISTERREACH 2811 CLARKE ROAD MEMPHIS,TN 38115	45-4013343	501(C)(3)	7,500	0			BIG WE FOUNDATION-GRANT
(138) URBAN GROWERS COLLECTIVE INC 1200 W 35TH STREET 118 CHICAGO,IL 60609	82-3336616	501(C)(3)	7,000	0			HEAL FOOD ALLIANCE-GRANT
(139) YABA & CO 633 WEST RITTENHOUSE STREET A1104 PHILADELPHIA,PA 19144	82-2036955		5,985	0			MIRRORWORK CREATIVE EDUCATION FOR LIBERATION-GRANT
(140) BRANDWORKERS INTERNATIONAL 4902 21ST ST APT 4L LONG ISLAND CITY,NY 11101	26-0798625	501(C)(3)	5,500	0			HEAL FOOD ALLIANCE-GRANT
(141) URBAN PEACE MOVEMENT 414 13TH ST 200 OAKLAND,CA 94612	45-2844649	501(C)(3)	3,137,222	0			EXIT OF FISCALLY SPONSORED PROJECT
(142) FULL SPECTRUM LABS C/O 1625 CLAY STREET OAKLAND,CA 94612		501(C)(3)	38,960	0			EXIT OF FISCALLY SPONSORED PROJECT
(143) ORCHID CAPITAL COLLECTIVE INC 3400 COTTAGE WAY STE G2 27376 SACRAMENTO,CA 92825	93-3768522	501(C)(3)	1,323,646	0			EXIT OF FISCALLY SPONSORED PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 124

3 Enter total number of other organizations listed in the line 1 table ▶ 19

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) STIPENDS	151	240,864			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	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 UPON COMPLETION OF THE GRANT PERIOD.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **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 STRATEGY CENTER

Employer identification number
20-1037643

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 CARLA DARTIS EXECUTIVE DIRECTOR	**(i)**	207,135	0	1,268	0	42,529	250,932	0
	(ii)	0	0	0	0	0	0	0
2 TENESHA DUNCAN OCC PROJECT DIRECTOR	**(i)**	214,862	0	0	0	13,374	228,236	0
	(ii)	0	0	0	0	0	0	0
3 TAJ JAMES PROJ. DIR/VICE CHAIR, CO-FOUNDER	**(i)**	176,425	0	0	0	25,199	201,624	0
	(ii)	0	0	0	0	0	0	0
4 MOHINI TADIKONDA CHIEF ADV. OFFICER (THRU 2/25)	**(i)**	172,035	0	1,273	0	16,232	189,540	0
	(ii)	0	0	0	0	0	0	0
5 ALEXIE TORRES SOMFSL (PROJECT) DIRECTOR	**(i)**	172,000	0	0	0	0	172,000	0
	(ii)	0	0	0	0	0	0	0
6 SACOBY WILSON CEEJH PROJECT DIRECTOR	**(i)**	92,257	56,250	0	0	9,827	158,334	0
	(ii)	0	0	0	0	0	0	0
7 ERRIKA MOORE BOARD MEMBER	**(i)**	140,071	0	0	0	16,123	156,194	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4A	THE FOLLOWING COMPENSATED INDIVIDUALS ON PART VII RECEIVED SEVERANCE COMPENSATION: THOMYA GOODE - $17,500
PART I, LINE 7	THE FOLLOWING COMPENSATED INDIVIDUALS ON PART VII RECEIVED BONUS COMPENSATION: SACOBY WILSON - $56,250 THOMYA GOODE - $5,100

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	**Employer identification number**
MOVEMENT STRATEGY CENTER	20-1037643

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .	X	1	34,425	FMV
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	**29**	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	**30a**		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	**31**		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER ON COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number
20-1037643

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS PREPARED BY MANAGEMENT IN COORDINATION WITH EXTERNAL TAX ADVISORS. A COMPLETE DRAFT IS REVIEWED BY SENIOR MANAGEMENT PRIOR TO SUBMISSION TO THE BOARD OF DIRECTORS. EACH VOTING MEMBER OF THE GOVERNING BODY RECEIVES A COPY OF FORM 990 IN ADVANCE OF FILING. THE BOARD IS GIVEN AN OPPORTUNITY TO REVIEW, ASK QUESTIONS, AND PROVIDE COMMENTS, WHICH ARE ADDRESSED PRIOR TO FINALIZATION AND FILING OF THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY APPLICABLE TO ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES. ON AN ANNUAL BASIS, COVERED INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO A CONFLICT. THE ORGANIZATION REVIEWS DISCLOSED INTERESTS AND DETERMINES WHETHER A CONFLICT EXISTS. WHEN A POTENTIAL CONFLICT IS IDENTIFIED, THE ORGANIZATION FOLLOWS PROCEDURES TO ADDRESS THE CONFLICT, INCLUDING REQUIRING THE INTERESTED INDIVIDUAL TO RECUSE THEMSELVES FROM DISCUSSIONS AND DECISIONS RELATED TO THE MATTER. THE ORGANIZATION MONITORS COMPLIANCE WITH THE POLICY AND DOCUMENTS ACTIONS TAKEN TO ADDRESS CONFLICTS IN MEETING MINUTES OR OTHER CONTEMPORANEOUS RECORDS.
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S BOARD OF DIRECTORS, OR A DESIGNATED COMMITTEE OF THE BOARD, IS RESPONSIBLE FOR REVIEWING AND APPROVING THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES. COMPENSATION IS DETERMINED BASED ON A REVIEW OF APPROPRIATE COMPARABILITY DATA, WHICH MAY INCLUDE COMPENSATION STUDIES, SIMILARLY SITUATED ORGANIZATIONS, AND MARKET DATA, AS WELL AS THE INDIVIDUAL'S QUALIFICATIONS AND RESPONSIBILITIES. DECISIONS REGARDING COMPENSATION ARE MADE BY INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE ARRANGEMENT. THE BASIS FOR COMPENSATION DECISIONS IS DOCUMENTED CONTEMPORANEOUSLY IN MEETING MINUTES OR RELATED RECORDS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH PUBLICLY ACCESSIBLE THIRD-PARTY PLATFORMS IN ACCORDANCE WITH IRS REQUIREMENTS. REQUESTS MAY BE MADE IN WRITING OR VERBALLY, AND COPIES ARE PROVIDED ELECTRONICALLY OR IN HARD COPY AS APPROPRIATE.
FORM 990, PART IX, LINE 11G	PROGRAM CONSULTANT: PROGRAM SERVICE EXPENSES 2,960,644. MANAGEMENT AND GENERAL EXPENSES 594,761. FUNDRAISING EXPENSES 79,053. TOTAL EXPENSES 3,634,458. OTHER CONSULTANTS: PROGRAM SERVICE EXPENSES 512,945. MANAGEMENT AND GENERAL EXPENSES 103,045. FUNDRAISING EXPENSES 13,696. TOTAL EXPENSES 629,686.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
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 STRATEGY CENTER

Employer identification number
20-1037643

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Total income	**(e)** End-of-year assets	**(f)** Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Exempt Code section	**(e)** Public charity status (if section 501(c)(3))	**(f)** Direct controlling entity	**(g)** Section 512(b)(13) controlled entity? Yes	No
(1) MOVEMENT STRATEGY CENTER ACTION FUND 436 04TH STREET OAKLAND, CA 94612 14-1996986	SOCIAL WELFARE	CA	501(C)(4)	N/A	MOVEMENT STRATEGY CENTER	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Direct controlling entity	**(e)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
							Yes	**No**		**Yes**	**No**	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Direct controlling entity	**(e)** Type of entity (C corp, S corp, or trust)	**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Percentage ownership	**(i)** Section 512(b)(13) controlled entity?	
								Yes	**No**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
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