| Form 8879-EO | IRS e-file Signature Authorization for an Exempt Organization | F | OMB No. 1545-0047 |
|--|--|---|---|
| | For calendar year 2020, or fiscal year beginning OCT 1 , 2020, and ending SEP 30 | | ~~~~ |
| | Do not send to the IRS. Keep for your records. | , 20 <u>Z I</u> | 2020 |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. | | |
| Name of exempt organization | | Taxpayer id | entification number |
| | | | |
| MOVE UNITED | | 94-61 | 74016 |
| Name and title of officer or pe GLENN MERRY EXECUTIVE DIR | | | |
| | Return and Return Information (Whole Dollars Only) | | |
| check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on th | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fr 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I. | h this form wa ered -0- on the | as 9 |
| 1a Form 990 check here | | 1b | 7,153,427. |
| 2a Form 990-EZ check h | | 2b | |
| 3a Form 1120-POL chec | | 3b | |
| 4a Form 990-PF check h | | 4b | |
| 5a Form 8868 check her | | 5b | |
| 6a Form 990-T check he 7a Form 4720 check her | | | |
| | e ▶ <u>b Total tax (Form 4720, Part III, line 1)</u> ion and Signature Authorization of Officer or Person Subject to Ta | /b | |
| | I declare that $[X]$ I am an officer of the above organization or $[L]$ I am a person sub | | ith respect to |
| (name of organization) | , (EIN) | - | |
| software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne | nic funds withdrawal (direct debit) entry to the financial institution account indicated in t le federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prio thorize the financial institutions involved in the processing of the electronic payment of ccessary to answer inquiries and resolve issues related to the payment. I have selected a smy signature for the electronic return and, if applicable, the consent to electronic fu | s account. To r to the paym taxes to rece a personal | revoke ent ive |
| X I authorize CS | T GROUP, CPAS, PC | to enter my l | PIN 20191 |
| | ERO firm name | | Enter five numbers, but do not enter all zeros |
| a state agency(i | on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the aforem n's disclosure consent screen. | | 5 |
| electronically file | berson subject to tax with respect to the organization, I will enter my PIN as my signatur ad return. If I have indicated within this return that a copy of the return is being filed with ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure c | a state agen consent scree | cy(ies) n. |
| Signature of officer or person subje | tion and Authentication | Date | Februar 1), 202 |
| | ur six-digit electronic filing identification your five-digit self-selected PIN. Do not enter all zeros | | <u>_</u> |
| | neric entry is my PIN, which is my signature on the 2020 electronically filed return indica sturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Inform | | |
| ERO's signature ERYS | TAL STEWART, CPA Date > 02/ | 08/22 | |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do | | |
| LHA For Paperwork Red | uction Act Notice, see instructions. | | Form 8879-EO (2020) |
| 023051 11-03-20 | | | |

| | • | ~ ~ | Return of Organization Exempt From | Income Tax | OMB No. 1545-0047 | |
|--|-----------------------|---------------------------------|--|---------------------------------|------------------------------|--|
| Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) | | | | | | |
| 1 011 | | •• | Do not enter social security numbers on this form as it mail | | | |
| Depa | tment | of the Treasury enue Service | Go to www.irs.gov/Form990 for instructions and the late | | Open to Public Inspection | |
| | | | | SEP 30, 2021 | mopeenen | |
| B c | heck if | C Name of | organization | D Employer identificat | tion number | |
| a | oplicab | le: | 5 | | | |
| | Addre chang | move | UNITED | | | |
| | Name chang | Doing bu | isiness as | 94-6174016 | 5 | |
| | Initial returr | Number | and street (or P.O. box if mail is not delivered to street address) Room/sui | te E Telephone number | | |
| | Final | / | HUNGERFORD DRIVE 608 | (301)217-0 | | |
| | termii ated | City or to | own, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 7,339,777. | |
| | Amer returr | KOCK | VILLE, MD 20850 | H(a) Is this a group retu | | |
| | Appli tion pend | | nd address of principal officer: GLENN MERRY | for subordinates? | | |
| | - | SAME | AS C ABOVE | H(b) Are all subordinates inclu | | |
| | | empt status: | | 27 If "No," attach a lis | t. See instructions | |
| | | | MOVEUNITEDSPORT.ORG | H(c) Group exemption r | | |
| | _ | f organization: | X Corporation Trust Association Other ► L Ye | ar of formation: 1967 M S | State of legal domicile: CA | |
| Ра | rt I | | | | | |
| e | 1 | Briefly describ | e the organization's mission or most significant activities: THE MISSI | ON OF MOVE UN | ITED IS TO | |
| an | _ | | NATIONAL LEADERSHIP AND OPPORTUNITIES | | | |
| /err | 2 | | ★ ↓ if the organization discontinued its operations or disposed of more than the second s | 1 1 | | |
| Go | 3 | | ing members of the governing body (Part VI, line 1a) | | <u> 12</u> 12 | |
| 8 | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | 23 | |
| ties | 5 | | of individuals employed in calendar year 2020 (Part V, line 2a) | | 300 | |
| Activities & Governance | 6 | | of volunteers (estimate if necessary) | | 0. | |
| Ac | | | business revenue from Part VIII, column (C), line 12 | | 0. | |
| | a | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | | | |
| | 0 | Contributions | and grants (Dart) (III, line 1h) | Prior Year 7,043,736. | Current Year 6,878,055. | |
| Revenue | 8 9 | | and grants (Part VIII, line 1h) | 101,912. | 135,417. | |
| ver | | | ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) | 68,957. | 139,955. | |
| Re | 10 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 0. | |
| | 12 | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,214,605. | 7,153,427. | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | 1,956,833. | 1,749,986. | |
| | 13 14 | | | 0. | 0. | |
| 6 | | - | | 1,489,912. | 1,834,345. | |
| ses | 16a | Professional fi | indraising fees (Part IX, column (Δ), line 11e) | 0. | 0. | |
| Expense | h | Total fundraisi | compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 558,484. | | | |
| Ĕ | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,632,006. | 2,994,556. | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,078,751. | 6,578,887. | |
| | 19 | | expenses. Subtract line 18 from line 12 | 1,135,854. | 574,540. | |
| or | | | | Beginning of Current Year | End of Year | |
| Net Assets or Fund Balances | 20 | Total assets (F | F F | 6,714,873. | 7,808,425. | |
| Ass J Ba | 21 | | (Part X, line 26) | 733,998. | 1,225,583. | |
| Net -unc | 22 | | fund balances. Subtract line 21 from line 20 | 5,980,875. | 6,582,842. | |
| _ | rt II | Signature | | | .,, | |
| | | - | declare that I have examined this return, including accompanying schedules and state | ements, and to the best of my k | nowledge and belief, it is | |
| | | | Declaration of preparer (other than officer) is based on all information of which prepare | | - / | |

| Sign Here | Signature of officer GLENN MERRY, EXECUTIVE DIRECTOR Type or print name and title | Date | | | | | |
|--|---|---|--|--|--|--|--|
| Paid | Print/Type preparer's name CRYSTAL STEWART, CPA Preparer's signature 02/ | 08/22 Check PTIN if self-employed P01246779 | | | | | |
| Preparer | Firm's name CST GROUP, CPAS, PC | Firm's EIN 54-1019610 | | | | | |
| Use Only | Firm's address 10740 PARKRIDGE BLVD 5TH FLOOR | | | | | | |
| | RESTON, VA 20191 | Phone no.703-391-2000 | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions X Yes No | | | | | | | |
| | | | | | | | |
| Use Only May the II 032001 12-2 | Firm's address 10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191 RS discuss this return with the preparer shown above? See instructions | Phone no. 703 - 391 - 2000 X Yes No Form 990 (2020 | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | n 990 (2020) MOVE UNITED | 94-61740 |)16 _{Pa} |
|----------|--|--------------------------------|--------------------|
| Pa | rt 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: THE MISSION OF MOVE UNITED IS TO PROVIDE NATIONAL | LEADERCHID AND | ۱ |
| | OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES TO | | |
| | INDEPENDENCE, CONFIDENCE AND FITNESS THROUGH PARTI | | |
| | COMMUNITY SPORTS, RECREATION AND EDUCATION PROGRAM | | |
| 2 | Did the organization undertake any significant program services during the year which were not liste | d on the | |
| | prior Form 990 or 990-EZ? | | Yes X |
| | 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 | n services? | Yes X |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat | | |
| | revenue, if any, for each program service reported. | ions to others, the total expe | , 1565, and |
| 4a | (Code:) (Expenses \$ 908,789. including grants of \$ 305,890 |) (Revenue \$ | 1,330 |
| | EDUCATION: AS THE NATION'S LEADING PROVIDER OF TRA | INING IN ADAPT | |
| | SPORT, MOVE UNITED HAS EDUCATED MORE THAN 6,000 CC | | |
| | EDUCATORS, LEADERS, AND VA STAFF WHO TEACH OR WANT | | |
| | RECREATION TO PEOPLE WITH DISABILITIES. OFFERINGS | | |
| | NATIONAL CONFERENCE AS WELL AS SPORT SPECIFIC TRAI | NINGS ACROSS T | 'HE |
| | COUNTRY. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 1b | (Code:) (Expenses \$ 1,261,926 • including grants of \$ 557,712 | 2 •) (Revenue \$ | 70,50 |
| | MOVE UNITED WARFIGHTERS: OFFERS SPORTS REHABILITAT | | |
| | WOUNDED WARRIORS IN MILITARY HOSPITALS AND COMMUNI | | |
| | THROUGH A NATIONWIDE NETWORK OF 200 COMMUNITY-BASE | | |
| | 1967, MOVE UNITED HAS PROUDLY SERVED WOUNDED WARRI INJURED IN THE IRAQ AND AFGHANISTAN WARS, OFFERING | | |
| | SUMMER SPORTS AT MORE THAN 100 EVENTS EACH YEAR. M | | K AND |
| | WARFIGHTERS REBUILDS LIVES THROUGH SPORTS BY IMPRO | | TDENC |
| | PROMOTING INDEPENDENCE AND UNITING FAMILIES THROUGH | | |
| | ACTIVITIES. CONTRIBUTIONS COVER EXPENSES FOR PART | | |
| | WARRIOR AND A FAMILY MEMBER, INCLUDING INDIVIDUALI | | |
| | INSTRUCTION, ADAPTIVE SPORTS EQUIPMENT, TRANSPORTA | | AND |
| | MEALS. SINCE 2003, MORE THAN 15,500 OF THE MOST SE | | |
| 1c | | •) (Revenue \$ | |
| | MOVE UNITED SUPPORTS ADAPTIVE SPORTS AND RECREATION | | OUS |
| | PROGRAMS INCLUDED HERE UNDER THIS HEADING. COMMUNI | | |
| | INNOVATIONS, EVENTS, DEVELOPMENTS AND ATHLETE PROF | | |
| | PUBLIC VIA OUR WEBSITE, SOCIAL MEDIA, NEWSLETTERS MAGAZINE. FOR THE PAST 34 YEARS MOVE UNITED HAS HE | | 'KL I |
| | SPECTACULAR, ONE OF THE LARGEST ADAPTIVE SNOW SPORT | | ጥፒፔ |
| | COUNTRY. MOVE UNITED SUPPORTS THE DEVELOPMENT OF Y | | |
| | GENERATION OF ADAPTIVE SPORT CHAMPIONS. OUR E-TEAM | | |
| | FOR YOUTH OF ALL AGES TO CONNECT AND NETWORK WITH | | |
| | NETWORK'S ADAPTIVE SPORTS AND RECREATION EVENTS, C | | |
| | LESSONS. FUNDING IS MADE AVAILABLE FOR TRAINING, E | | |
| | COMPETITION. MOVE UNITED LAUNCHED A FIRST OF ITS K | | ТО |
| łd | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ 2,216,229 · including grants of \$ 134,960 ·) (Revenue \$ | 63,587. ₎ | |
| le | Total program service expenses ► 5,765,648. | | |
| | | | Form 990 (2 |
| 200 | SEE SCHEDULE O FOR CONTINUA | VILTON (S) | |
| <u>-</u> | 2 | | 160600 |
| 20 | 208 759824 1686000 2020.05060 MOVE UNITED | - | 168600 |
| | | | |

| — | 000 | (0000) |
|----------|-----|--------|
| Form | 990 | (2020) |

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)? | | v | |
| _ | If "Yes," complete Schedule A | 1 | X X | <u> </u> |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Δ | <u> </u> |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | x |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| Ŭ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 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 | | х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | х | |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | -77 | |
| D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| Ū | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| 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 | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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 | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| D | 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 | | x |
| 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 | | | <u> </u> |
| - | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 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 | | X |
| 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 | 17 | | X |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | v |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | <u> </u> |
| 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | х | |
| 3200: | | | | (2020) |
| | | | | · / |

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| Form 990 | (2020) | MOVE | UNITED |
|----------|-----------|-------------|-----------------------|
| 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 | x | |
| 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 | x | |
| 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 | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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 | | x |
| 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 | | x |
| 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 | | x |
| 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 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| с | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 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 | | x |
| 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 | | Х |
| 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 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| 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 | | X |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| D- | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 2 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | - | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | | 000 | (2020) |
| 032004 | 4 12-23-20 | ⊢orm | 220 | (2020) |

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| Form 990 | (2020) |) MOVE | UNITED | | | |
|----------|--------|-------------------|---------------|---------------|--------------------|-----------|
| Part V | St | atements Regardin | g Other IRS I | Filings and ' | Tax Compliance (co | ontinued) |

| 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: 11a 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 plans in more than one state? 13a 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 13b 13c 14a Did the organization subject to these payments? If "No," provide an explanation on Schedule O 14b 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() of more than \$1,000,000 in remuneration or excess parachute payment(s) during the yeat() of more than \$1,000,000 in remuneration o | | | | Yes | No | |
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| b It least one is reported on line 2a, did the organization file all required to e-file (see instructions) 2b X 30 Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 34 A tary time during the calendary year. (If the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 35 Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 36 A tary time during the calendary year. (If the organization have an interest n, or a signature or other authority over, a financial accountly are during the calendary year. (If the organization have an there is no cale the therein station the tax year? 5a X 56 Was the organization have annual gross enceipts that are normally greater than \$100,000, and did the organization there is normally greater than \$100,000, and did the organization solicit ary contributions that ware not tax deductible as charitable contributions under section 170(c). 6a X 61 The ves, 'i did the organization include with every solicitation an express atatement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible? 7b X 70 Organization stat may receive deductible expression 170(c). 8b 17 X 71 Tos, 'index the unpaintable foreorganization face ware sp | 2a | | | | | |
| Note:: If the sum of lines 1 and 2 als greater than 250, you may be required to e-file (see instructions) Image: Control of Control of Control of Control of Control Contend Control Control Control Contro Control Control Co | | | | 37 | | |
| 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 45 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 46 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X 50 Was the organization in a prix to during the tax yea? 5a X 50 Was the organization in the financial account? 5a X 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and are virte during the tax shells or thirbutions? 5a X 50 Diff **es, 'a did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 7a X 7 Organizations that may receive deductible contributions and parity for goods and services provided 10 the pary? 7a X 7 Organization secons that may receive deductible contributions or any the solicitatin an expremovidear comoreadia or any thinds, direct y any pary an | b | | 2b | Х | | |
| b If Yas, "base it filed a Form 390.7 for this yas? // Wo" to file 3b, provide an explanation on 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? 4a X b If Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (EBAR). 5a X b D dary toxations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). 5a X 5b D dary toxations for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). 5a X 5b D dary toxation file organization that was or is a party to a prohibited tax shelter transaction? 5a X 61 D dary toxation file organization include with every solicitation an express statement that such contributions or gifts were not tax deductible outributions under socion 170(c). 5b X 0 D id the organization neuropees statement that such contributions or gifts 6b 7a X 10 the organization selle, exation exist as partime in exess of 37b made party as a contribution or quantation tense as partition. 7b X 10 the organization selle, exation exist as partimes. directly or indirectly, to pay premitums on a personal benefit contract? | | | | | 37 | |
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| 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). 50 Was the organization aparty to a prohibited tax shelter transaction? 50 Did any taxable party notify the organization file form 8886-7? 50 Dide 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 charabale contributions? 50 Dives the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50 Organizations that may receive deductible contributions under section 170(c). 51 If "Yes," did the organization include with every solicitation are perses statement that such contributions or gifts were not tax deductible? 50 Did the organization include with every solicitation are perses statement that such contributions or gifts were not tax deductible? 51 Of the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required 52 to the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required? 53 Did the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required? 54 Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? 54 Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 1986-77 55 Section 501(c)(7) organization make ary taxable distributions under section 4986? 55 Section 501(c)(7) organization make ary taxable distributions under section 4986? 55 Section 501(c)(7) organization make ary taxable distributions under section 4986? 56 Section 501(c)(7) organization make ary taxable distributions under section 4986? 57 Section 501(c)(7) organization make ary taxable distributions under | 4a | | | | | |
| See instructions for filling requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa XX 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa XX b Id any taxable party notify the organization file Form 1896-17? Sc X corr Vest" to line Sa or 5b, did the organization file Form 1896-17? Sc X do 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? Ga X b If Yess, "idd the organization neave apparent in excess of \$15 made party as a contribution and party for gods and services provided to the payer? Ta X b Id the organization neave apparent in excess of \$15 made party as a contribution and party for gods and services provided to the payer? Ta X b Id the organization neave apparent in excess of tangible personal property for which it was required To Ta X to file Form 8382? Td Td Ta X to lid the organization neave apparentime excess dualified intelectual property, did the organization file Form 8892 as required? Ta X to the sponsoring organization receive a qualified intelectual property, did the organization file Form 8892 as required? Ta X | | | 4a | | X | |
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| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? So c If "Yes" to line 5a or 5b, did the organization file Form 8886-17 So d Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation are express statement that such contributions orgits So d If "Yes," did the organization include with every solicitation an express statement that such contributions orgits So 7 Organization receive apprent in excess of \$75 made party as a contribution and party for goods and services provided to the part? 7a X 0 Types," did the organization notity the donor of the value of the goods or services provided? 7b 7c X d If Yes," indicate the number of Forms 8282 filed during the year If d 7d 7c X f Did the organization necelve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f H Yes," indicate the number of Forms 8282 filed during the year 7d X f H organization necelved a contribution of qualified intelectual property, did the organization file § Form 1088-C7 7d X g Botthe organization necelved a contribution of qual | _ | | _ | | v | |
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| c Enter the amount of reserves on hand | b | | | | | |
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| 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X | | | | | | |
| excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X 16 X | | | 140 | | ├ | |
| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 15 | | 15 | | x | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | | | 15 | | | |
| ······································ | 16 | | 16 | | X | |
| | | If "Yes," complete Form 4720, Schedule O. | .5 | | | |

Form **990** (2020)

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21020208 759824 1686000

| - | Check if Schedule O contains a response or note to any line in this Part VI | | | <u></u> | | | X |
|------|---|--------------|-----------------|------------|---------|--------|-------|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | 1 | 1 0 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | | 12 | | | |
| | 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 on Schedule 0. | | | 1 0 | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | | 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | hip wit | h any other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? \dots | | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | י 990 v | vas filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or | appoir | nt one or | | | | |
| | more members of the governing body? | | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | , stock | holders, or | | | | |
| | persons other than the governing body? | | | | 7b | | X |
| В | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | /ear by t | the following: | | | | |
| а | The governing body? | | | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | | X |
|) | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r | eachec | l at the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal | Reven | ue Code.) | | | | |
| | | | | | | Yes | No |
|)a | Did the organization have local chapters, branches, or affiliates? | | | [| 10a | Х | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | 10b | Х | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing be | | | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri | | | | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | | | | |
| | in Schedule O how this was done | | | | 12c | Х | |
| 3 | Did the organization have a written whistleblower policy? | | | | 13 | Х | |
| 4 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | |
| 5 | Did the process for determining compensation of the following persons include a review and appro | | | | | | |
| - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | х | |
| | Other officers or key employees of the organization | | | | 15b | Х | |
| b | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | 155 | | |
| 62 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | omont | with a | | | | |
| ua | | | | | 16a | | x |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | | | | 10a | | |
| D | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | | | | 104 | | |
| ~~ | exempt status with respect to such arrangements? | | | | 16b | | |
| | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA, CT, FL, MD, | <u>м</u> а 1 | | V DA | 90 | דדי | 177 |
| | | | | | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, | and 9 | 90-1 (Section | 501(C)(3) | s only |) avai | lable |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| _ | Own website X Another's website V Upon request Other (expla | | , | | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, | conflic | t of interest p | olicy, and | d finar | ncial | |
| _ | statements available to the public during the tax year. | | | | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's to DTLL CANADAR 201, 217, 0060 | books a | and records | ▶ | | | |
| | BILL SNYDER - 301-217-0960 | 00- | 0 | | | | |
| | · · · · | 085 | U | | | | |
| 2006 | SEE SCHEDULE O FOR FULL LIST OF STATES | | | | Form | 990 | (2020 |
| | | | | | | | |
| 30 | 208 759824 1686000 2020.05060 MOVE UNITED | | | | 168 | 360 | 001 |

94-6174016 Page 6

MOVE UNITED

Form 990 (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Part VII | Compensation of Officers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated |
|----------|---------------------------|------------|-----------|-----|------------|---------|-------------|
| | Employees, and Independe | ent Contra | ctors | | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) (C) | | (D) | (E) | (F) | | | | | |
|-----------------------------|----------------------|---|--|-------------|--------------|---------------------------------|-----------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | | cer an | ia a a I | recto | or/trus | tee) | from | from related | other |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | rustee | l trust | | ee | npen | | (00-2/1099-00130) | | and related |
| | below | d ual t | itiona | | nploy | st coi | 5 | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | -orme | | | |
| (1) GLENN MERRY | 40.00 | _ | | _ | | | | | | |
| EXECUTIVE DIRECTOR | | 1 | | X | | | | 212,083. | 0. | 14,576. |
| (2) WILLIAM SNYDER | 40.00 | | | | | | | | | |
| CFO & OPERATING OFFICER | | 1 | | X | | | | 107,961. | 0. | 2,159. |
| (3) JOHN BLOSSOM | 4.00 | | | | | | | | | |
| PRESIDENT | | X | | X | | | | 0. | 0. | 0. |
| (4) WILLIAM B. REYNOLDS III | 4.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (5) KERI SEROTA | 4.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (6) LORI HIGH | 4.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (7) ALF GARNER | 4.00 | | | | | | | | | |
| MEMBER AT LARGE | | Х | | | | | | 0. | 0. | 0. |
| (8) MARYA PROPIS | 4.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (9) NICOLE ROUNDY | 4.00 | | | | | | | | | _ |
| WINTER ATHLETE REP | | Х | | | | | | 0. | 0. | 0. |
| (10) ED BRONSDON | 4.00 | | | | | | | | | _ |
| CHAPTER REPRESENTATIVE | | Х | | | | | | 0. | 0. | 0. |
| (11) ERIC KUWANA | 4.00 | | | | | | | | | _ |
| MEMBER AT LARGE | | Х | | | | | | 0. | 0. | 0. |
| (12) PHYLLIS BAYER | 4.00 | | | | | | | | | _ |
| MEMBER AT LARGE | | Х | | | | | | 0. | 0. | 0. |
| (13) CLAYTON FRECH | 4.00 | | | | | | | | | _ |
| MEMBER AT LARGE | | Х | | | | | | 0. | 0. | 0. |
| (14) JOE WALSH | 4.00 | | | | | | | | | _ |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | F 000 (2222) |

032007 12-23-20

Form 990 (2020)

| | 990 (2020) MOVE UNI | | | | | | | | | 94-6. | 1/4 | 010 | Pa | age 8 |
|--------|--|---|-----------------------------|-------------------|------|-------|-------------|-------|---|---|------|--------------------------|--|----------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | (do not check more than one | | | | | | (D) Reportable compensation from | (E) Reportable compensatic from related | on | an | (F) timate nount o other | |
| | | (list any hours for related below line) unit for the set of the se | | | | | | | | | s | com fr orga and | pensa om the anizati d relate | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Subtotol | | | | | | | | 320,044. | | 0. | 1 | 6,7 | 35. |
| c d | Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c) | II, Section A | | · · · · · · · · · | | | | | 0. 320,044. | 000 of reportsh | 0. | | 6,7 | 0. |
| 2 | Total number of individuals (including but r compensation from the organization | lot limited to tr | iose | liste | o at | 2006 | e) wr | 10 r | eceived more than \$100 | 1,000 of reportab | le | | | 2 |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | | • | · | | - | Ŭ | phest compensated emp | • | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$15 | um of reportab | le co | ompe | ensa | atior | n and | d otl | her compensation from | the organization | | 4 | x | |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> | | | | | | | | | | | 5 | | х |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | pens | ation f | rom | |
| | (A) Name and business | address | N | ONE | 2 | | | | (B) Description of s | ervices | С | (C omper | | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organi | | iot lii | miteo | d to | | se lis) | stec | above) who received n | nore than | | Form | 990 /r | 2020/ |
| | | | | | | | | | | | | | |) |

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| | | | Check if Schedule O contains a respons | e or note to any lir | ne in this Part VIII | | | |
|-------------------|----|---|---|---|----------------------|------------------------------------|------------------|------------------------------------|
| | | | · · · · · | • | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt function revenue | | Revenue excluded from tax under |
| | | | | | | Tunction revenue | business revenue | sections 512 - 51 |
| ts : | 1 | а | Federated campaigns 1a | | | | | |
| ilar Amounts | | | | 47,650. | | | | |
| Ē | | | · · · · · · · · · · · · · · · · · · · | 47,050. | | | | |
| r A | | | | | | | | |
| and Other Similar | | | Related organizations 1d | E 2 7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | |
| Sin | | | | ,537,233. | | | | |
| er | | f | All other contributions, gifts, grants, and | 000 180 | | | | |
| Ê | | | | ,293,172. | | | | |
| q | | g | Noncash contributions included in lines 1a-1f | 283,908. | | | | |
| a | | h | Total. Add lines 1a-1f | ► | 6,878,055. | | | |
| | | | | Business Code | | | | |
| 2 | 2 | а | WWDSP DINNER | 900099 | 70,500. | 70,500. | | |
| Revenue | | b | REGISTRATION FEES | 900099 | 64,917. | 64,917. | | |
| S al | | c | | | - , - | - , - | | |
| Nel 1 | | d | | | | | | |
| R, S | | | | | | | | |
| 2 | | e | | | | | | |
| - | | | All other program service revenue | | 135,417. | | | |
| | | | Total. Add lines 2a-2f | | 135,417. | | | |
| | 3 | | Investment income (including dividends, inte | | | | | |
| | | | other similar amounts) | | 95,029. | | | 95,029 |
| | 4 | | Income from investment of tax-exempt bond | proceeds | | | | |
| | 5 | | Royalties | <u></u> | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | |
| | | b | Less: rental expenses 6b | | | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | | Net rental income or (loss) | ► | | | | |
| | 7 | | Gross amount from sales of (i) Securities | | | | | |
| | | u | assets other than inventory 7a 129 , 825 | | | | | |
| | | h | Less: cost or other basis | | | | | |
| e | | D | | 59 910 | | | | |
| nu | | | and sales expenses 7b 127,540 Gain or (loss) 7c 2,285 | · J0,010. | | | | |
| Revenue | | | | | | | | 44 000 |
| | | | Net gain or (loss) | <u></u> | 44,926. | | | 44,926 |
| ther | 8 | а | Gross income from fundraising events (not | | | | | |
| ō | | | including \$ of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 | a | | | | |
| | | b | Less: direct expenses 8 | b | | | | |
| | | | Net income or (loss) from fundraising events | | | | | |
| | 9 | | Gross income from gaming activities. See | F | | | | |
| | | - | Part IV, line 19 | a | | | | |
| | | h | Less: direct expenses 9 | | | | | |
| | | | | | | | | |
| | | | Net income or (loss) from gaming activities | > | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | | and allowances 10 | | | | | |
| | | b | Less: cost of goods sold 10 |)b | | | | |
| | | С | Net income or (loss) from sales of inventory | ► | | | | |
| , | | | | Business Code | | | | |
| 9 | 11 | а | | | | | | |
| nu | | b | | | | | | |
| eve | | c | | | | | | |
| Revenue | | | All other revenue | | | | | |
| | | | | | | | | |
| | 12 | | Total. Add lines 11a-11d Total revenue. See instructions | | 7,153,427. | 135,417. | 0. | 139,955 |
| | | | IVIAI TEVETINE, SEE INSTRUCTIONS | | | | . V. | נרכינרבי |

MOVE UNITED

Form 990 (2020) MOVE UN
Part VIII Statement of Revenue

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).

| Do | Check if Schedule O contains a respon not include amounts reported on lines 6b, | (A) | (B) | (C) Management and | (D) |
|-----|--|----------------|-----------------------------|---------------------------------|-------------------------|
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 1,739,986. | 1,739,986. | | |
| • | and domestic governments. See Part IV, line 21 | 1,739,900. | 1,739,900. | | |
| 2 | Grants and other assistance to domestic | 10,000. | 10,000. | | |
| ~ | individuals. See Part IV, line 22 | 10,000. | 10,000. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| Ŭ | trustees, and key employees | 303,308. | 196,171. | 90,349. | 16,788 |
| 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 | 1,286,134. | 1,145,965. | 40,450. | 99,719 |
| 8 | Pension plan accruals and contributions (include | - | | | |
| | section 401(k) and 403(b) employer contributions) | 28,858. | 24,122. | 2,500. | 2,236 |
| 9 | Other employee benefits | 95,474. | 82,521. | 11,714. | 1,239 |
| 10 | Payroll taxes | 120,571. | 101,095. | 11,342. | 8,134 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | | 1,921. | 1,921. | | |
| с | Accounting | 21,762. | | 21,762. | |
| d | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 255,249. | 202,096. | | 53,153 |
| 12 | Advertising and promotion | 79,775. | 37,789. | | 41,986 |
| 13 | Office expenses | 750,352. | 706,557. | 12,434. | 31,361 |
| 14 | Information technology | 124,143. | 97,284. | 26,560. | 299 |
| 15 | Royalties | 102 200 | 0.7.040 | F 4 F 0 | |
| 16 | Occupancy | 103,320. | 97,842. | 5,478. | 27 026 |
| 17 | Travel | 326,652. | 285,792. | 3,824. | 37,036 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 167 027 | 65 216 | 1 200 | 100 611 |
| 19 | Conferences, conventions, and meetings | 167,027. | 65,216. | 1,200. | 100,611 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 17,054. | 14,325. | 2,729. | |
| 22 | Depreciation, depletion, and amortization | 509,244. | 489,208. | 20,036. | |
| 23 | Insurance Other expenses. Itemize expenses not covered | 505,244. | 405,200. | 20,030. | |
| 24 | above (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | | 322,118. | 157,815. | | 164,303 |
| b | DONATED GOODS | 283,908. | 283,908. | | , |
| c | DUES & SUBSCRIPTIONS | 17,846. | 12,700. | 3,527. | 1,619 |
| d | TAXES & LICENSES | 12,921. | 12,921. | , | , |
| e | All other expenses | 1,264. | 414. | 850. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,578,887. | 5,765,648. | 254,755. | 558,484 |
| 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 Check here if following SOP 98-2 (ASC 958-720) | | | | |

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Form **990** (2020)

(B) End of year

| | (A) Beginning of year |
|------------------|---------------------------------|
| ng | 1,686,580 |
| cash investments | 1,573,034 |
| ivable, net | 650,993 |

MOVE UNITED

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

| | _ | | | | Beginning of year | | End of year |
|---------------------------|-----|--|------------|-----------------|-------------------|----|------------------------|
| | 1 | Cash - non-interest-bearing | | | 1,686,580. | 1 | 1,673,667. |
| | 2 | Savings and temporary cash investments | | | 1,573,034. | 2 | 1,574,029. |
| | 3 | Pledges and grants receivable, net | | | 650,991. | 3 | 1,627,851. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current o | | | | - | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqual | • | | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| 6 | 7 | | | | | 7 | |
| Assets | 7 | Notes and loans receivable, net | | | | 8 | |
| Ass | 8 | Inventories for sale or use | | | 180,649. | | 89,398. |
| | 9 | | | | 100,049. | 9 | 09,590. |
| | 10a | Land, buildings, and equipment: cost or other | | 607 210 | | | |
| | | basis. Complete Part VI of Schedule D | | 687,318. | 247 071 | | |
| | | Less: accumulated depreciation | - | 186,787. | 347,071. | 1 | 500,531. |
| | 11 | Investments - publicly traded securities | | | 2,191,998. | 11 | 2,314,549. |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 84,550. | 15 | 28,400. | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 6,714,873. | 16 | 7,808,425. | | |
| | 17 | Accounts payable and accrued expenses | 539,873. | 17 | 988,339. | | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | 194,125. | 19 | 237,244. | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete | | 21 | | | |
| es | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | | | | | |
| iab | | controlled entity or family member of any of the | se perso | ons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | ated thi | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | oarties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables | o related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24) | Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 733,998. | 26 | 1,225,583. |
| | | Organizations that follow FASB ASC 958, che | eck here | e ▶ X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | | |
| an | 27 | | | | 5,437,649. | 27 | 5,835,917. |
| Net Assets or Fund Balanc | 28 | Net assets with donor restrictions | | | 543,226. | 28 | 746,925. |
| pu | | Organizations that do not follow FASB ASC 9 | | | | | |
| ц. | | and complete lines 29 through 33. | · | | | | |
| 5 OI | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or ed | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| let | 32 | Total net assets or fund balances | | | 5,980,875. | 32 | 6,582,842. |
| 2 | 33 | Total liabilities and net assets/fund balances | | | 6,714,873. | 33 | 7,808,425. |
| | | | | | -,,-,-,- | | Form 990 (2020) |

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Form 990 (2020)

Part X Balance Sheet

| | 990 (2020) MOVE UNITED | 94-6 | 174016 | Pa | ge 12 |
|----|--|------------|--------|-----|--------------|
| Pa | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 7,15 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,578 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 40. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 5,980 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 38 | 8,8 | 84. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | -11 | 1,4 | 57. |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on 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 (B)) | 10 | 6,582 | 2,8 | 42. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | l |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | 1 |
| | Act and OMB Circular A-133? | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | ĺ |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | L |

Form **990** (2020)

032012 12-23-20

| SCHEDULE A | |
|------------|--|
|------------|--|

Department of the Treasury Internal Revenue Service

| 1 | Form | 990 | or | 990-EZ | 1 |
|---|------|-----|------------|--------|----|
| 1 | | 000 | U 1 | | ۰, |

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 |
|------------------------------|
| 2020 |
| Open to Public Inspection |
| identification number |

I

| Nan | ne of t | the organization | | | | | | Employer | identification number | | | | |
|------|---------|--|-------------------------|--|-------------------------------------|---------------------------------|----------------|----------------|----------------------------|--|--|--|--|
| | | | UNITED | | | | | 9 | 4-6174016 | | | | |
| Pa | rt I | Reason for Public | Charity Status. | (All organizations must c | omplete tl | nis part.) S | ee instruction | | | | | | |
| The | organ | ization is not a private found | lation because it is: (| For lines 1 through 12, c | heck only | one box.) | | | | | | | |
| 1 | Ľ | A church, convention of ch | | | | | I)(A)(i). | | | | | | |
| 2 | | A school described in sect | | | | | | | | | | | |
| 3 | | A hospital or a cooperative | | | | | ii). | | | | | | |
| 4 | | A medical research organiz | | | | | - |)(iii). Enter | the hospital's name. | | | | |
| • | | city, and state: | | | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | d or opera | ted bv a d | overnmental | unit describ | bed in | | | | |
| - | | section 170(b)(1)(A)(iv). (C | | | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 7 | X | | | | | | | | | | | | |
| - | | 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 | | A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 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 | | | | | | | | | | | |
| | | 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. | | | | | | | | | | | |
| | | 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). (Cor | | (| | | | J | , | | | | |
| 11 | | An organization organized a | | ivelv to test for public sa | fetv. See | section 50 |)9(a)(4). | | | | | | |
| 12 | | An organization organized a | - | • | • | | | arrv out the | e purposes of one or | | | | |
| | | more publicly supported or | | • | • | | - | | • • | | | | |
| | | lines 12a through 12d that | - | | | | | | | | | | |
| а | | Type I. A supporting orga | | | | - | | - | aivina | | | | |
| | | the supported organization | | - | • | | | | | | | | |
| | | organization. You must c | | | , , | | | | 11 5 | | | | |
| b | | Type II. A supporting org | - | | tion with it | s support | ed organizatio | on(s), by ha | vina | | | | |
| | | control or management o | | | | | | | | | | | |
| | | organization(s). You mus | | | · | | | o . | | | | | |
| с | | Type III functionally inte | | | in connec | tion with, a | and functiona | Illy integrate | ed with, | | | | |
| | | its supported organization | | | | | | , , | , | | | | |
| d | | Type III non-functionally | | | | | | rted organi | zation(s) | | | | |
| | | that is not functionally int | | | | | | - | | | | | |
| | | requirement (see instruct | • | • • | • | | - | | | | | | |
| е | | Check this box if the orga | | | | | | II, Type III | | | | | |
| | | functionally integrated, or | r Type III non-functio | nally integrated support | ing organi: | zation. | | | | | | | |
| f | Ente | er the number of supported o | organizations | , | 0 0 | | | | | | | | |
| g | Prov | vide the following informatior | n about the supporte | ed organization(s). | | | | | | | | | |
| | (| i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | nization listed ng document? | (v) Amount o | | (vi) Amount of other | | | | |
| | | organization | | above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| Tota | al | | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 MOVE UNITED

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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

fails to qualify under the tests listed below, please complete Part III.)

| Calendary year (or fiscal year beginning in) > (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (d) 2019 (e) 2018 (d) 2019 (e) 2020 (f) Total 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 4160838. 4687422. 5444295. 7043736. 6878055. 28214346 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4160838. 4687422. 5444295. 7043736. 6878055. 28214346 5 The portion of total contributions by each person (ofther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 229467700 Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 4160838. 4687422. 5444295. 7043736. 6878055. 28214346 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from siniterest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, activities | |
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| 10 Other income. Do not include gain or loss from the sale of capital | |
| or loss from the sale of capital | |
| | |
| assets (Explain in Part VI.) | |
| | |
| | |
| | • |
| 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) | ٦ |
| organization, check this box and stop here Section C. Computation of Public Support Percentage | _ |
| | 0/ |
| | <u>%</u> |
| ······································ | % |
| 16a 33 1/3% support test - 2020. 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 gualifies as a publicly supported organization | ٦ |
| | |
| b 33 1/3% support test - 2019. 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 | ٦ |
| and stop here. The organization qualifies as a publicly supported organization | |
| 17a 10% -facts-and-circumstances test - 2020. 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 | ٦ |
| meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | |
| b 10% -facts-and-circumstances test - 2019. 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 | ٦ |
| 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 | |

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 MOVE UNITED

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

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(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.)

| Se | ction A. Public Support | | | | | | |
|-------------|---|---------------------------|---------------------------|------------------------|---------------------|-----------------|-----------------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 per- formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| t | 3 received from disqualified persons 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.) | | | | | | |
| | ction B. Total Support | | | | _ | _ | |
| | endar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for th | e organization's f | irst, second, third, | , fourth, or fifth tax | k year as a section | 501(c)(3) organ | nization, |
| | check this box and stop here | | | | | | |
| Se | ction C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 15 | Public support percentage for 2020 (I | ine 8, column (f), (| divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2019 | | | | | 16 | % |
| Se | ction D. Computation of Inves | stment Incom | ne Percentage | | | | |
| 17 | Investment income percentage for 20 | 20 (line 10c, colu | mn (f), divided by | line 13, column (f)) |) | 17 | % |
| 18 | Investment income percentage from 2 | 2019 Schedule A, | Part III, line 17 | | | 18 | % |
| 19 a | a 33 1/3% support tests - 2020. If the | organization did r | not check the box | on line 14, and lin | ne 15 is more than | 33 1/3%, and I | ine 17 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization qual | ifies as a publicly | supported organiz | ation | ▶□ |
| k | 33 1/3% support tests - 2019. If the | organization did r | not check a box o | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3 | 3%, and |
| | line 18 is not more than 33 1/3%, che | ck this box and s | top here. The orga | anization qualifies | as a publicly supp | orted organiza | tion ► |
| 20 | Private foundation. If the organizatio | <u>n did not check a</u> | box on line 14, 19 | 9a, or 19b, check t | this box and see ir | nstructions | <u></u> ▶□ |
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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- 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.
- **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.*
- **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.
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **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.*
 - **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.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

| | | | Yes | No |
|-----|---|-----|--------------|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | \downarrow | L |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |

| | | 1 |
|---|---|-------|
| or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | |
| or management of the supporting organization was vested in the same persons that controlled or managed | | |
| the supported organization(s). | 1 | |

| Sec | Section D. All Type III Supporting Organizations | | | | | | |
|-----|--|--|--|--|--|--|--|
| | | | | | | | |
| 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? | | | | | | |
| 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 experimentation maintained a close and continuous working relationship with the supported experimental | | | | | | |

| 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 |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 C | Check the box next to the method that the organization used to satisfy the Integral Part Test during | the yea | a(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 governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described in 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.*
- **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.**
- **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.*

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Yes No

1

2

3

2a

2b

За

3b

Yes No

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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.

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

| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | 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 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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-functiona | ally integrat | ted Type III supporting org | ganization (see |
| | | | | |

instructions).

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| Par | t v Type III Non-Functionally Integrated 509 | v(a)(s) supporting Orga | anizations (continue | <u>ed)</u> | |
|-------|---|-----------------------------------|---------------------------------------|------------|---|
| Sect | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemption | | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | S | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide 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 t | he organization is responsive | e | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | s | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| а | From 2015 | | | | |
| b | From 2016 | | | | |
| С | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| 0 | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2016 Excess from 2017 | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| - | | | | | |

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| (See instructions.) | | |
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| 2028 01-25-21 | 20 | Schedule A (Form 990 or 990-EZ |

Identification of Excess Contributions Included on Part II, Line 5

94-6174016

2020

** Do Not File ** *** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| ANTHEM LIFE (WELL POINT) | 1,045,000. | 471,815. |
| BOB WOODRUFF FAMILY FOUNDATION | 1,636,437. | 1,063,252. |
| BOMBERGER II, AMOS HESS | 1,084,893. | 511,708. |
| PING | 1,059,130. | 485,945. |
| THE HARTFORD | 3,206,226. | 2,633,041. |
| VERITAS CAPITAL FUND MANAGEMENT | 675,000. | 101,815. |
| | | |
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| | | |
| Total Excess Contributions to Schedule A. Part II. Line 5 | | 5,267,576. |

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.



Name of the organization

MOVE UNITED

| Employer identification number |
|--------------------------------|
| 94-6174016 |

| Pa | t I Organizations Maintaining Donor Advise | d Funds or Other S | Similar Funds or A | ccounts Complete if the |
|-------|--|---------------------------------------|---------------------------------------|----------------------------------|
| 1 4 | organization answered "Yes" on Form 990, Part IV, lir | | | |
| | | (a) Donor advise | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | | I I I I I I I I I I I I I I I I I I I | ode |
| 5 | are the organization's property, subject to the organization's | - | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| Ŭ | for charitable purposes and not for the benefit of the donor of | | | |
| | impermissible private benefit? | | | |
| Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | - | , | , |
| - | Preservation of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · · | Preservation of a histo | orically important land area |
| | Protection of natural habitat | , | Preservation of a certi | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contrib | ution in the form of a co | onservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | Total acreage restricted by conservation easements | | | 2b |
| с | Number of conservation easements on a certified historic str | | | 2c |
| d | Number of conservation easements included in (c) acquired | | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | | nization during the tax |
| | year ► | | , , | - |
| 4 | Number of states where property subject to conservation ea | sement is located | | |
| 5 | Does the organization have a written policy regarding the pe | | ion, handling of | |
| | violations, and enforcement of the conservation easements i | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and en | forcing conservation ea | asements during the year |
| | ►\$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | ve satisfy the requiremen | ts of section 170(h)(4)(E | 3)(i) |
| | and section 170(h)(4)(B)(ii)? | | | Yes 🛄 No |
| 9 | In Part XIII, describe how the organization reports conservat | ion easements in its reve | nue and expense state | ment and |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's | financial statements th | nat describes the |
| | organization's accounting for conservation easements. | | | |
| Pai | t III Organizations Maintaining Collections o | | asures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | · · | | |
| | of art, historical treasures, or other similar assets held for pul | | | ince of public |
| | service, provide in Part XIII the text of the footnote to its fina | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | | |
| | art, historical treasures, or other similar assets held for public | c exhibition, education, o | r research in furtheranc | e 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 tre | - | U , | provide |
| | the following amounts required to be reported under FASB A | - | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instruction | s tor form 990. | | Schedule D (Form 990) 2020 |
| 03205 | 12-01-20 | | | |

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| Sche | dule D (Form 990) 2020 MOVE UN | | | | | | | 94-61 | | | age 2 |
|---------|--|------------------------|------------|----------------|----------------|------------|------------|---------------|-------------------|------------|--------------|
| Par | t III Organizations Maintaining (| Collections of A | rt, Hist | torical Tr | easures, o | or Othe | er Simila | ar Asse | ts (contii | nued) | |
| 3 | Using the organization's acquisition, access | ion, and other record | ds, checl | k any of the | following that | t make s | ignificant | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | I [] | Loan or exc | hange progra | m | | | | | |
| b | Scholarly research | e | | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's of | ollections and explai | in how th | ney further t | he organizatio | on's exer | npt purpo | ose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit | or receive donations | of art, hi | storical trea | sures, or othe | er similar | assets | _ | - | | - |
| | to be sold to raise funds rather than to be m | | <u>v</u> | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrar | | ete if the | organizatio | on answered " | Yes" on | Form 990 |), Part IV, | line 9, oi | • | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custoo | | | | | | | | - | | 7 |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XII | l and complete the fo | llowing t | table: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| t O- | Ending balance | | | | | | | | No. | | |
| | Did the organization include an amount on F | | | | | | | | Yes | | J No ∣ |
| Par | If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete | | | | | | | | | | 1 |
| | | (a) Current year | | rior year | (c) Two years | | | ears hack | (a) Fou | vears | hack |
| 1a | Beginning of year balance | (a) Ourient year | | nor year | | 3 DUCK | | | | yours | buok |
| h | Contributions | | | | | | | | | | |
| Č | Net investment earnings, gains, and losses | | | | | | | | | | |
| b b | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| • | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cu | rrent vear end balance | ce (line 1 | a. column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | , | % | 5 , (| " | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | - ould equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the poss | ession of the organiz | ation tha | at are held a | and administer | red for th | ne organiz | zation | | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiz | ations listed as requi | red on S | chedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of th | 0 | owment | funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipr | | | | | | | | | | |
| | Complete if the organization answere | ed "Yes" on Form 990 | 0, Part IN | /, line 11a. S | See Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or o | | • • | t or other | ., | cumulate | ed | (d) Boo | k value | э |
| | | basis (investr | ment) | | (other) | dep | preciation | | | 1 0 | <u></u> |
| | Land | | | | 4,925. | | 00 1 | C1 | | 4,9 | |
| | Buildings | | | 3 | 0,600. | | 28,1 | <u>ьт • </u> | | 2,4 | 39. |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | 2.0 | 1 700 | | E0 (| - | 1 0 | <u>) 1</u> | <u> </u> |
| | Other | | . · | | 1,793. | | .58,6 | 40. | | 3,1 | |
| Total | Add lines 1a through 1e. (Column (d) must | equal ⊦orm 990, Part | X, colun | nn (B), line 1 | IUC.) | | | D | | 0,5 | |

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| Part VII Investments - Other Securities. | | 11b See Form 000 Det V line 10 | |
|---|----------------------------|--------------------------------------|------------------------|
| Complete if the organization answered "Yes" c (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | l-of-vear market value |
| 1) Financial derivatives | | | , |
| Closely held equity interests | | | |
|) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | I-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | 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 | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

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|------|--|--------------|----------------|--------|----------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With | Revenue per R | Returr | <u> </u> |
| | 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 | 7,192,311. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 38,884. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 38,884. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,153,427. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | 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 | 7,153,427. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | | n Expenses per | Retu | rn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 6,578,887. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | . 2a | | | |
| b | Prior year adjustments | _ 2 b | | | |
| С | Other losses | _ 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | _ |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,578,887. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | 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 | 6,578,887. |
| Pa | rt 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.

PART X, LINE 2:

| THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX AS A |
|--|
| NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE |
| CODE. NET INCOME FROM UNRELATED BUSINESS SOURCES IS SUBJECT TO FEDERAL |
| INCOME TAXES; HOWEVER, THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME |
| FOR THE YEAR ENDED SEPTEMBER 30, 2021. |
| |
| MANAGEMENT HAS EVALUATED THE TAX POSITIONS THAT COULD HAVE A SIGNIFICANT |
| EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAD NO |
| UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2021, WHICH REQUIRE DISCLOSURE OR |
| RECOGNITION. WITH LIMITED EXCEPTIONS, THE TAX RECORDS OF THE ORGANIZATION |
| REMAIN OPEN FOR THREE YEARS FOR FEDERAL INCOME TAX EXAMINATION. |
| 032054 12-01-20 Schedule D (Form 990) 2020 |

| 2055 12-01-20 | | Schedule D (Form 990) |
|----------------------|------------------------------|-----------------------|
| | 30 2020.05060 MOVE UNITED | |
| 20208 759824 1686000 | ZUZU.USU6U MOVE UNITED | 168600 |

| SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service | Go | Grants and Oth vernments, ar lete if the organizatio Go to www.ir | nd Individual | s in the Ŭni on Form 990, Pa m 990. | ted States rt IV, line 21 or 22. | | OMB No. 1545-0047 |
|--|-------------------------------|--|-----------------------------|--|---|---------------------------------------|--|
| Name of the organization | | | - | | | | Employer identification number |
| MOVE UNIT | | | | | | | 94-6174016 |
| Part I General Information on Grants a 1 Does the organization maintain records to criteria used to award the grants or assisted to award the grants or award the grants or assisted to award the grants or award the grants | to substantiate th stance? | | | | | | |
| 2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to | | | | | nization answered " | (aall an Earm 000, Dar | W/ line 01 for any |
| recipient that received more than S | | | | | anization answered | res on Form 990, Pan | TV, IIIe 21, IOF any |
| 1 (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 |
| ACHIEVE TAHOE P.O. BOX 9780 TRUCKEE, CA 96162 | 68-0024920 | 501(C)(3) | 37,934. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| ADAPTIVE EXPEDITIONS PO BOX 13312 CHARLESTON, SC 29422 | 45-3850552 | 501(C)(3) | 19,668. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302 | 94-2938093 | 501(C)(3) | 19,539. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| ADAPTIVE SPORTS CENTER OF CRESTED BUTTE – PO BOX 1639 – CRESTED BUTTE, CO 81224 | 84-1063447 | 501(C)(3) | 6,844. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| ADAPTIVE SPORTS CONNECTION (TAASC) 6000 HARRIOTT DR. POWELL, OH 43065 | 31-1561944 | 501(C)(3) | 38,865. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| ADAPTIVE SPORTS FOUNDATION PO BOX 266 WINDHAM, NY 12496 | 14-1823155 | 501(C)(3) | 55,967. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice | s listed in the line | 1 table | ne line 1 table | | | | Schedule I (Form 990) 2020 |

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| Part II Continuation of Grants and Other | | mestic Organization | s and Domestic G | overnments (Sch | edule I (Form 990), Pa | | 4-0174010 Page |
|---|----------------|----------------------------------|--------------------------|---|---|--|--|
| (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 non-cash assistance | (h) Purpose of grant or assistance |
| ADAPTIVE SPORTS PROGRAM OF OHIO 100 KURZEN RD N, SUITE B DALTON, OH 44618 | 27-1144442 | 501(C)(3) | 38,950. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| ANGEL CITY SPORTS 355 S GRAND AVE LOS ANGELES, CA 90064 | 82-2603747 | 501(C)(3) | 15,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| ARIZONA ADAPTIVE WATERSPORTS 1000 S MEADOW RANCH LN DEWEY, AZ 86327 | 83-2376717 | 501(C)(3) | 44,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| ARIZONA DISABLED SPORTS (MESA) PO BOX 4727 MESA, AZ 85211 | 86-0643471 | 501(C)(3) | 26,011. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| BAY AREA ASSOC. OF DISABLED SAILORS - PIER 40 THE EMBARCADERO #16 - SAN FRANCISCO, CA 94107 | 94-3067409 | 501(C)(3) | 5,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| BAY AREA OUTREACH AND RECREATION PROGRAM - 3075 ADELINE ST, STE 155 - BERKELEY, CA 94703 | 94-2324340 | 501(C)(3) | 53,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| BLAZESPORTS AMERICA 535 N. MCDONOUGH ST. DECATUR, GA 30030 | 58-2087265 | 501(C)(3) | 25,268. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| BRECKENRIDGE OUTDOOR EDUCATION CENTER - PO BOX 697 - BRECKENRIDGE, CO 80424 | 84-0725560 | 501(C)(3) | 10,000. | 0. | | | ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES |
| BURKE REHABILITATION HOSPITAL 785 MAMORONECK AVE WHITE PLAINS, NY 10605 | 13-1739937 | 501(C)(3) | 10,000. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |

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| (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 non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|--|
| CATALYST SPORTS | | | | | | | |
| PO BOX 20490 | | | | | | | ADAPTIVE SUMMER SPORTS |
| ATLANTA, GA 30325 | 80-0760565 | 501(C)(3) | 11,899. | 0. | | | PROGRAMMING EXPENSES |
| | | | | | | | |
| THE CENTER FOR INDIVIDUALS WITH | | | | | | | ADAPTIVE WINTER AND |
| PHYSICAL CHALLENGES - 815 S UTICA | | F01/(3)/(3) | 10 704 | 0 | | | SUMMER SPORTS PROGRAMMING |
| AVE - TULSA, OK 74104 | 73-6070545 | 501(C)(3) | 10,704. | 0. | | | EXPENSES |
| CENTRAL FLORIDA DREAMPLEX | | | | | | | ADAPTIVE WINTER AND |
| 2400 S HWY 27 STE B201 | | | | | | | SUMMER SPORTS PROGRAMMING |
| CLERMONT, FL 34711 | 27-1429422 | 501(C)(3) | 12,989. | 0. | | | EXPENSES |
| CHALLENGE ASPEN (V) PO BOX 6639 SNOWMASS VILLAGE, CO 81615 | 84-1315910 | 501(C)(3) | 21,650. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| CHALLENGED ATHLETES OF WEST VIRGINIA – 10 SNOWSHOE DR – SNOWSHOE, WV 26209 | 55-0692020 | 501(C)(3) | 13,500. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| COMMON GROUND OUTDOOR ADVENTURE 335 NORTH 100 EAST LOGAN, UT 84321 | 84-1385181 | 501(C)(3) | 16,333. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| COURAGE KENNY REHABILITATION INSTITUTE – 3915 GOLDEN VALLEY ROAD – GOLDEN VALLEY, MN 55422 | 41-0706118 | 501(C)(3) | 7,000. | 0. | | | ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES |
| CHESAPEAKE REGION ACCESSIBLE BOATING - PO BOX 6564 - ANNAPOLIS, MD 21401 | 35-2188410 | 501(C)(3) | 5,215. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| DAIRYLAND SPORTS CORPORATION PO BOX 45736 MADISON, WI 53744 | 82-3718737 | E01(C)(2) | 5.000. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |

032241 11-05-20

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| Part II Continuation of Grants and Other | Assistance to Do | omestic Organization | s and Domestic G | overnments (Scho | edule I (Form 990), Pa | urt II.) | i |
|--|------------------|----------------------------------|--------------------------|---|---|--|--|
| (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 non-cash assistance | (h) Purpose of grant or assistance |
| DARE2TRI PARATRIATHLON CLUB 847 N. DAMEN APT. 2R CHICAGO, IL 60622 | 45-3933200 | 501(C)(3) | 68,662. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| DISABLED ATHELETE SPORTS ASSOCIATION - 1236 JUNGERMAN ROAD - ST. PETERS, MO 63376 | 43-1775519 | 501(C)(3) | 12,500. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 93546 | 31-1732524 | 501(C)(3) | 12,500. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| DREAM ADAPTIVE RECREATION INC 401 BAKER AVE WHITEFISH, MT 59937 | 36-3416198 | 501(C)(3) | 9,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| EAGLE MOUNT - BILLINGS 1140 16TH ST W, STE 12 BILLINGS, MT 59102 | 84-1370933 | 501(C)(3) | 25,155. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| FRIENDS OF THE COUNTY PARKS 128 1ST ST E #204 TIERRA VERDE, FL 33715 | 59-3088915 | 501(C)(3) | 100,400. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| GALLOPNYC, INC. 540 PRESIDENT ST 3F BROOKLYN, NY 11215 | 05-0615968 | 501(C)(3) | 5,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| GREAT LAKES ADAPTIVE SPORTS ASSOCIATION - 400 E. ILLINOIS ROAD - LAKE FOREST, IL 60045 | 36-4285965 | 501(C)(3) | 10,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| GREATER BUFFALO ADAPTIVE SPORTS, INC 9 SAGEBRUSH LN - LANCASTER, NY 14086 | 47-1618828 | 501(C)(3) | 42,496. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |

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| Part II Continuation of Grants and Other | | omestic Organization | s and Domestic G | overnments (Sch | edule I (Form 990), Pa | | 4-0174010 Page 1 |
|---|----------------|----------------------------------|--------------------------|---|--|--|--|
| (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 non-cash assistance | (h) Purpose of grant or assistance |
| HIGHER GROUND SUN VALLEY, INC. PO BOX 6791 KETCHUM, ID 83340 | 82-0512146 | 501(C)(3) | 21,205. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| IGNITE ADAPTIVE SPORTS PO BOX 19016 BOULDER, CO 80308 | 84-0798064 | 501(C)(3) | 29,850. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| LAKESHORE FOUNDATION 4000 RIDGEWAY DR BIRMINGHAM, AL 35209 | 63-0288847 | 501(C)(3) | 39,902. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| MAINE ADAPTIVE SPORTS AND RECREATION - 8 SUNDANCE LN NEWRY, ME 04261 | 01-0388818 | 501(C)(3) | 25,589. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| NATIONAL SPORTS CENTER FOR THE DISABLED - PO BOX 1290 - WINTER PARK, CO 80482 | 84-0738419 | 501(C)(3) | 39,250. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| NEW ENGLAND DISABLED SPORTS PO BOX 26 LINCOLN, NH 03251 | 02-0460732 | 501(C)(3) | 19,740. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| NEW ENGLAND HANDICAPPED SPORTS ASSOCIATION - PO BOX 2135 - NEWBURY, NH 03255 | 23-7398657 | 501(C)(3) | 88,513. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| NORTHEAST DISABLED ATHLETIC ASSOCIATION - 160 WILEY RD, UNIT 303 - COLCHESTER, VT 05446 | 55-0834205 | 501(C)(3) | 9,793. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| OPERATION COMFORT 6304 LAKESHORE DR PO BOX 4010 LAGO VISTA, TX 78645 | 86-1123065 | 501(C)(3) | 10,000. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |

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| (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 non-cash assistance | (h) Purpose of grant or assistance |
|---|-----------------|----------------------------------|-----------------------------|---|---|--|--|
| OPERATION SURF (AMAZING SURF ADVENTURES) - PO BOX 1581 - SAN | | | | | | | ADAPTIVE SUMMER SPORTS |
| LUIS OBISPO, CA 93406 | 26-3661313 | 501(C)(3) | 10,000. | 0. | | | PROGRAMMING EXPENSES |
| OREGON ADAPTIVE SPORTS 63025 O.B. RILEY RD., SUITE 12 BEND, OR 97701 | 26-0076749 | 501(C)(3) | 12,405. | 0. | | | ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES |
| PARADOX SPORTS PO BOX 273 ELDORADO SPRINGS, CO 80025 | 26-0153796 | 501(C)(3) | 23,192. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| PARASPORT SPOKANE 3407 W 7TH SPOKANE, WA 99224 | 46-2995587 | 501(C)(3) | 43,750. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| PVA CENTRAL FLORIDA CHAPTER 2711 SOUTH DESIGN CT SANFORD, FL 32773 | 59-1793434 | 501(C)(3) | 5,000. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| ROCHESTER ACCESSIBLE ADVENTURES 2165 BRIGHTON HENRIETTA TOWN LINE 1 ROCHESTER, NY 14623 | R 47-5366589 | 501(C)(3) | 6,264. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| S.M.C.L FOUNDATION AND ASSOCIATES INC 2910 SEINE ST - NEW ORLEANS, LA 70114 | 22-3934553 | 501(C)(3) | 28,893. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| SEATTLE ADAPTIVE SPORTS, INC. 1125 12TH AVE #137 SEATTLE, WA 98122 | 91-1427334 | 501(C)(3) | 8,500. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| SERVICEMEMBERS UNDERTAKING DISABLED SPORT - PO BOX 701693 - SAN ANTONIO, TX 78270 | 26-1315733 | 501(C)(3) | 30,944. | 0. | | | CONTINUING EDUCATION/CERTIFICATIONS FOR VETERANS |

94-6174016 Page 1

| (a) Name and address of | (b) EIN | (c) IRC section | | (e) Amount of | (f) Mathad of | (a) Description of | (h) Durnage of grant |
|--|------------------|-----------------|--------------------------|---|---|--|--|
| (a) Name and address of organization or government | (b) EIN | if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SPARC, SPORTS ARTS AND REC OF CHATTANOOGA - 6638 DECLARATION | | | | | | | ADAPTIVE SUMMER SPORTS |
| DRIVE - HIXSON, TN 37343 | 62-1515151 | 501(C)(3) | 23,812. | 0. | | | PROGRAMMING EXPENSES |
| SPORTABLE RICHMOND 1365 OVERBROOK RD, RM 2 | 20-8924701 | 501(C)(3) | 25.000 | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| RICHMOND, VA 23220 | 20-0924/01 | 501(C)(3) | 25,999. | 0. | | | LAPENSES |
| SPORTS ASSOCIATION, GAYLORD HOSPITAL – PO BOX 400 – WALLINGFORD, CT 06492 | 06-0646649 | 501(C)(3) | 32,133. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| SPORTSABILITY ALLIANCE (FDOA) 2475 APALACHEE PKWY, STE 205 TALLAHASSEE, FL 32301 | 59-3051552 | 501(C)(3) | 7,500. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| STRIDE ADAPTIVE SPORTS 476 NORTH GREENBUSH ROAD #9 RENSSELAER, NY 12144 | 14-1732830 | 501(C)(3) | 34,702. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| MINOODDADA, NI 12144 | 14 1752050 | 501(0)(3) | 51,702. | | | | |
| TEAM RIVER RUNNER 5007 STONE ROAD ROCKVILLE, MD 20853 | 20-3838651 | 501(C)(3) | 93,442. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| TELLURIDE ADAPTIVE SPORTS PROGRAM PO BOX 2254 | | | | | | | ADAPTIVE WINTER SPORTS |
| TELLURIDE, CO 81435 | 84-1337870 | 501(C)(3) | 26,000. | 0. | | | PROGRAMMING EXPENSES |
| TETON ADAPTIVE SPORTS PO BOX 2894 | | | | | | | ADAPTIVE SUMMER SPORTS |
| JACKSON, WY 83001 | 06-1741611 | 501(C)(3) | 18,057. | 0. | | | PROGRAMMING EXPENSES |
| THERAPEUTIC ADVENTURES | | | | | | | ADAPTIVE WINTER AND |
| PO BOX 4668 CHARLOTTESVILLE, VA 22905 | 54-1779203 | 501(C)(3) | 9,634. | 0. | | | SUMMER SPORTS PROGRAMMING EXPENSES |

94-6174016 Page 1

| (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 non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|--------------------------|--|---|--|--|
| TURNSTONE, INC. 3320 N CLINTON ST FORT WAYNE, IN 46805 | 35-0913541 | 501(C)(3) | 20,500. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMIN(EXPENSES |
| UCO DEPT. OF WELLNESS AND SPORT 100 N. UNIVERSITY DRIVE, BOX 99 EDMOND, OK 73034 | 73-6017987 | 501(C)(3) | 67,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| US ADAPTIVE RECREATION CENTER PO BOX 2897 BIG BEAR LAKE, CA 92315 | 95-3872771 | 501(C)(3) | 20,000. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| VERMONT ADAPTIVE SKI AND SPORTS PO BOX 139 KILLINGTON, VT 05751 | 74-2472938 | 501(C)(3) | 8,659. | 0. | | | ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES |
| WASATCH ADAPTIVE SPORTS, INC. 9385 S SNOWBIRD CENTER DR SNOWBIRD, UT 84092 | 94-2864171 | 501(C)(3) | 49,841. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| WICHITA ADAPTIVE SPORTS, INC. 3033 W 2ND ST WICHITA, KS 67203 | 48-0892678 | 501(C)(3) | 8,000. | 0. | | | ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES |
| WINTERGREEN ADAPTIVE SPORTS PO BOX 4334 CHARLOTTESVILLE, VA 22905 | 54-1818204 | 501(C)(3) | 20,723. | 0. | | | ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES |
| | | | | | | | |
| | | | | | | | |

Schedule I (Form 990) 2020

MOVE UNITED

Page 2

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 non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | WARFIGHTER AMBASSADOR GRANT - |
| CHOLARSHIP | 1 | 10,000. | ٥. | | KIRK BAUER SCHOLARSHIP |
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information rec | uired in Part I. lir | ne 2: Part III. column | (b): and any other a | dditional information. | 1 |

PART I, LINE 2:

GRANTS ARE AWARDED TO CHAPTER ORGANIZATIONS, WHICH MUST OFFER PROOF OF

501(C)(3) STATUS, INSURANCE COVERAGE, MEMBERSHIP BASE AND TRAINED/CERTIFIED

INSTRUCTION. MOVE UNITED REQUIRES DETAILED REPORTING TO BE COMPLETED AND

SUBMITTED BY EVERY GRANT RECIPIENT, WHICH INCLUDES A BREAKDOWN OF PROJECT

EXPENSES, IN-KIND DONATIONS, A LIST OF OTHER SPONSORS, A LIST OF

PARTICIPANTS, AND DETAILS ON OTHER PROJECT OUTCOMES. GRANT RECIPIENTS ARE

ALSO REQUESTED TO PROVIDE RECEIPTS FOR EXPENDITURES.

| SC | HEDULE J | | OMB No. | 1545-00 | 47 | |
|--------|-----------------------|--|------------|--------------|-------|--------|
| (Fo | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 20 | |
| | | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | 20 | ZU | , |
| Depa | tment of the Treasury | Attach to Form 990. | | Open to | | |
| Intern | al Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspe | | |
| Nan | e of the organizatio | | Employer i | | | mber |
| | | MOVE UNITED | 94-6 | 517401 | 6 | |
| Pa | rt I Question | s Regarding Compensation | | | | |
| | o | | | | Yes | No |
| 1a | | iate box(es) if the organization provided any of the following to or for a person listed on Form | 1990, | | | |
| | | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | First-class or o | , i i i i i i i i i i i i i i i i i i i | | | | |
| | Travel for com | | | | | |
| | | cation and gross-up payments | | | | |
| | | spending account Personal services (such as maid, chauffer | ur, chet) | | | |
| h | If any of the bayes | on line to are abacked, did the organization follow a written policy regarding powment or | | | | |
| b | • | on line 1a are checked, did the organization follow a written policy regarding payment or | | 16 | | |
| 2 | | provision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | 1b | | |
| 2 | • | | | 2 | | |
| | trustees, and onice | ers, including the CEO/Executive Director, regarding the items checked on line 1a? | | | | |
| 3 | Indicate which if a | ny, of the following the organization used to establish the compensation of the organization? | c | | | |
| U | | ector. Check all that apply. Do not check any boxes for methods used by a related organization | | | | |
| | | ation of the CEO/Executive Director, but explain in Part III. | | | | |
| | Compensation | | | | | |
| | · | compensation consultant | | | | |
| | · | ther organizations Approval by the board or compensation of | 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 re | | | | | |
| а | 0 | ce payment or change-of-control payment? | | 4a | | х |
| b | | eive payment from a supplemental nonqualified retirement plan? | | | | X |
| с | | eive payment from an equity-based compensation arrangement? | | | | X |
| | | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | | |
| | Only section 501(| c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on | | | |
| | contingent on the r | | | | | |
| а | The organization? | | | 5a | | Х |
| b | Any related organiz | ration? | | 5b | | Х |
| | | pr 5b, describe in Part III. | | | | |
| 6 | For persons listed | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on | | | |
| | contingent on the r | net earnings of: | | | | |
| а | The organization? | | | 6a | | X |
| | | ation? | | | | X |
| | | or 6b, describe in Part III. | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment | | | | |
| | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t | | | | |
| | | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | X |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | | | |
| | | n 53.4958-6(c)? | | 9 | | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Form 990. | Sched | lule J (Forr | n 990 |) 2020 |

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94-6174016

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 aren't 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.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (b)(i)-(D) | reported as deferred on prior Form 990 |
| (1) GLENN MERRY | (i) | 172,083. | 40,000. | 0. | | 11,126. | | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2020 Open to Public

Inspection Employer identification number

94-6174016

| MOVE U | UNIT |
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► Go to www.irs.gov/Form990 for instructions and the latest information.

| Pa | rt I Types of Property | | | | | · | | | |
|----------|--|--------------------------------------|---|--|------------|---|-----|-----|-------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts report Form 990, Part VII | ted on | (d) Method of de noncash contribu | | • | s |
| 1 | Art - Works of art | | | | n, me rg | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 2 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | Boats and planes | | | | | | | | |
| 9 | Intellectual property | | | | | | | | |
| 9 10 | Securities - Publicly traded Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | | | | | | | | | |
| 10 | trust interests Securities - Miscellaneous | | | | | | | | |
| 12 13 | Qualified conservation contribution - | | | | | | | | |
| 13 | - | | | | | | | | |
| 14 | Historic structures Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | | | | | | | | | |
| 25 | Other ► (GOLF CLUB SET) | X | 62 | 204 | ,290. | FMV | | | |
| 26 | Other (VACATION PACK) | X | 9 | | ,250. | | | | |
| 27 | Other (HELMETS) | X | 82 | | ,808. | | | | |
| 28 | Other (SPORTS MEMORA) | X | 29 | | ,660. | | | | |
| 29 | Number of Forms 8283 received by the organi | zation durin | | | <u> </u> | | | | |
| | for which the organization completed Form 82 | | | | 29 | | | | |
| | | ,,- | | L | | | | Yes | No |
| 30a | During the year, did the organization receive b | v contributio | on any property rei | oorted in Part I. line | es 1 throu | ah 28. that it | | | |
| | must hold for at least three years from the dat | | | | | | | | |
| | exempt purposes for the entire holding period | | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandar | d contribu | itions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | | | | | | | | |
| | contributions? | | - | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | y for which column | (a) is che | cked, | | | |
| | describe in Part II. | | | - | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

032141 11-23-20

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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.

PART I, OTHER TYPES OF PROPERTY:

MEMBERSHIPS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.
- (D) METHOD OF DETERMINING REVENUE: FMV

FOOD & WINE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 900.
- (D) METHOD OF DETERMINING REVENUE: FMV

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

MOVE UNITED

Inspection Employer identification number 94-6174016

OMB No 1545-0047

Open to Public

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISABILITIES TO DEVELOP INDEPENDENCE, CONFIDENCE AND FITNESS THROUGH

PARTICIPATION IN COMMUNITY SPORTS, RECREATION AND EDUCATION PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THEIR FAMILIES HAVE BEEN SERVED, INCLUDING THOSE WITH AMPUTATIONS,

TRAUMATIC BRAIN INJURY, SPINAL CORD INJURY, VISUAL IMPAIRMENTS, AND

SIGNIFICANT NERVE AND MUSCLE DAMAGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ENGAGE PEOPLE WITH DISABILITIES AT HOME, REDUCING ISOLATION AND IMPROVING QUALITY OF LIFE. THE #ADAPTATHOME CHALLENGE IS ENGAGING THOUSANDS OF WOUNDED WARFIGHTERS, YOUTH AND ADULTS WITH DISABILITIES

NATIONWIDE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBER SERVICES: MOVE UNITED PROVIDES SERVICES TO ITS NEARLY 200

COMMUNITY BASED ORGANIZATIONS OPERATING LOCALLY IN 43 STATES SERVING

100,000 ANNUALLY. THESE SERVICES ARE DESIGNED TO ENABLE THESE LOCAL

ADAPTIVE SPORTS ORGANIZATIONS PROVIDE SAFE AND EFFECTIVE SPORTS

REHABILITATION PROGRAMS FOR PEOPLE WITH DISABILITIES IN THEIR

COMMUNITIES. SERVICES INCLUDE: INSTRUCTOR AND COACH TRAINING IN

ADAPTIVE SPORTS; GRANTS TO OPERATE PROGRAMS AND PURCHASE ADAPTIVE

EQUIPMENT; SEMINARS IN PROGRAM ADMINISTRATION, VOLUNTEER RECRUITMENT

AND TRAINING, MARKETING, FUNDRAISING, AND RISK MANAGEMENT; INSURANCE;

PROMOTION OF LOCAL ACTIVITIES ON A NATIONAL LEVEL AND OTHER ONGOING

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

MOVE UNITED

CAPACITY BUILDING AND TECHNICAL ASSISTANCE.

SKI SPECTACULAR: FOR THE PAST 33 YEARS MOVE UNITED HAS HELD SKI SPECTACULAR, ONE OF THE LARGEST ADAPTIVE SNOW SPORT FESTIVALS IN THE COUNTRY. EACH YEAR, SKI SPECTACULAR ATTRACTS OVER 800 PARTICIPANTS FROM OVER 30 STATES AND SEVERAL FOREIGN COUNTRIES, FOR A WEEK OF ACTIVITIES. THIS INCLUDES TRAINING OF LOCAL SKI INSTRUCTORS AND COACHES IN THE LATEST ADAPTIVE SKI TECHNIQUES FOR AMPUTEES, SPINAL AND HEAD INJURED, BLIND, THOSE WITH NEUROMUSCULAR DISABILITIES LIKE CEREBRAL PALSY AND DEVELOPMENTALLY DISABLED. IT ALSO INCLUDES LEARN TO SKI AND SNOWBOARD CLASSES; RACE TRAINING CLINICS FOR YOUTH, WOUNDED WARRIORS AND OTHERS; NORDIC SKI TRAINING; A RACE; AND CHAPTER DEVELOPMENT SEMINARS.

JUNIOR NATIONALS: EACH YEAR FOR OVER 35 YEARS, MOVE UNITED HAS CONDUCTED AN ANNUAL NATIONAL SUMMER SPORTS COMPETITION THAT OFFERS OPPORTUNTITIES FOR ATHETES UP TO 22 YEARS OLD TO COMPETE IN SIX SPORTS INCLUDING: ARCHERY, SHOOTING, WEIGHTLIFTING, TRACK & FIELD, SWIMMING, & TRIATHLON. THIS EVENT ALSO PROVIDES INSTRUCTIONAL PROGRAMS IN ADAPTIVE SUMMER SPORTS SUCH AS TENNIS AND VOLLEYBALL. EACH YEAR, MOVE UNITED JUNIOR NATIONALS ATTRACTS OVER 270 PARTICIPANTS FROM 33 STATES.

OTHER PROGRAM SERVICES: MOVE UNITED LAUNCHED A FIRST OF ITS KIND INITIATIVE TO ENGAGE PEOPLE WITH DISABILITIES AT HOME, REDUCING ISOLATION AND IMPROVING QUALITY OF LIFE. THE #ADAPTATHOME CHALLENGE AND MOVE UNITED ONDEMAND IS ENGAGING THOUSANDS OF WOUNDED WARFIGHTERS, YOUTH AND ADULTS WITH DISABILITIES NATIONWIDE. COMMUNICATION OF INNOVATIONS, EVENTS, DEVELOPMENTS AND ATHLETE PROFILES WITH THE GENERAL PUBLIC VIA OUR WEBSITE, SOCIAL MEDIA, NEWSLETTERS, OUR PODCAST, AND A 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 46 21020208 759824 1686000 2020.05060 MOVE UNITED

16860001

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|---|
| Name of the organization MOVE UNITED | Employer identification number $94-6174016$ |
| QUARTERLY PRINTED MAGAZINE. | |

EXPENSES \$ 2,216,229. INCLUDING GRANTS OF \$ 134,960. REVENUE \$ 63,587.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS IS PROVIDED WITH THE FORM 990 (WHICH WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM) FOR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST REVEAL ANY CONFLICTS OF INTEREST ANNUALLY AT THE SPRING BOARD MEETING AND STATE IT FOR THE RECORD.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES ABBOT, LANGER ASSOCIATION SURVEYS (ALL NONPROFIT ORGANIZATIONS, SMALL ORGANIZATIONS [\$100,000 - \$10,000,000]) TO DETERMINE

COMPENSATION AMOUNTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CT, FL, MD, MA, MN, NJ, NY, PA, SC, UT, VA, WA

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 PART XII, LINE 2C

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032212 11-20-20

| | of the organi | | 990-EZ) 2020 MOVE UNITI | ED | | | | | | | Employer ider 94-61 | Pag Itification num 74016 |
|----------------------------|---------------|-----|----------------------------|-------|------|--------|-----------|-----|---------|----|------------------------|---------------------------------|
| THE | BOARD | OF | DIRECTORS' | RESPO | ONSI | BILITY | AS | IT | RELATES | то | OVERSIGHT | OF |
| THE | AUDIT | IS | CONSISTENT | WITH | THE | PRIOR | YE | AR. | | | | |
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| 032212 1 0 2 0 2 | | 824 | 1686000 | 2 | 020. | 05060 | 48 MOV | | NITED | 30 | hedule O (Form 99 | 168600 |

FORM 990 PAGE 10

| 991 | 0 |
|-----|---|
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| | 90 PAGE 10 | | | | | | - | 990 | | | | | | | |
|--------------|---|------------------|--------|------|-----------------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C L o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 78 | LAND | 12/30/09 | L | | | | 334,925. | | | | 334,925. | | | 0. | |
| | COMPUTER EQUIPMENT | | | | | | | | | | | | | | |
| 48 | ADOBE ACROBAT SOFTWARE | 02/12/07 | SL | 3.00 | нү1 | 16 | 1,485. | | | | 1,485. | 1,485. | | ٥. | 1,485. |
| 49 | SOFTWARE | 07/22/07 | SL | 3.00 | нү1 | 16 | 612. | | | | 612. | 612. | | ٥. | 612. |
| 53 | ADOBE INDESIGN CS3 | 03/02/08 | SL | 3.00 | нү1 | 16 | 695. | | | 348. | 347. | 347. | | 0. | 347. |
| 54 | LICENSES FOR SIMULATENOUS DATABASE | 04/16/08 | SL | 3.00 | нү1 | 16 | 1,936. | | | 968. | 968. | 968. | | 0. | 968. |
| 62 | MICROSOFT OFFICE PROFESSIONAL | 09/17/08 | SL | 3.00 | нү1 | 16 | 500. | | | 250. | 250. | 250. | | 0. | 250. |
| 63 | ADOBE PHOTOSHOP | 09/22/08 | SL | 3.00 | нү1 | 16 | 694. | | | 347. | 347. | 348. | | 0. | 348. |
| 72 | 2 SERVERS FOR EMAIL SERVER: INTEL SERVER: INTEL XEON CPU | 06/18/10 | 200DB | 5.00 | нү1 | 17 | 8,600. | | | 4,300. | 4,300. | 4,300. | | 0. | 4,300. |
| 73 | WINDOWS 7 UPGRADE LICENSE (15 COPIES) | 06/18/10 | SL | 3.00 | нү1 | 16 | 2,385. | | | 1,193. | 1,192. | 1,192. | | 0. | 1,192. |
| 75 | USED IBM RACK MOUNT SERVER W/ DUAL XEON CPU, 8GB OF RAM | 08/10/10 | 200DB | 5.00 | HY1 | 17 | 500. | | | 250. | 250. | 250. | | ٥. | 250. |
| | NEW RACK MOUNT DE11 17" LCD KVM MONITOR FOR SERVER RACK | 08/10/10 | 200DB | 5.00 | нү1 | 17 | 1,099. | | | 550. | 549. | 549. | | ٥. | 549. |
| 84 | WEBSITE REDSIGN | 09/15/11 | SL | 3.00 | нү1 | 16 | 3,500. | | | | 3,500. | 3,500. | | ٥. | 3,500. |
| 88 | CISCO 500 SERIES NETWORK SWITCH, WIRELESS ACCESS POIN | 08/01/14 | 200DB | 5.00 | MQ1 | 17 | 2,369. | | | | 2,369. | 2,369. | | ٥. | 2,369. |
| 90 | 2 LENOVO CARBON S1, 17 W/TOUCH SCREEN | 09/03/15 | 200DB | 5.00 | MQ1 | 17 | 2,840. | | | | 2,840. | 2,840. | | ٥. | 2,840. |
| 93 | 2 SERVERS, BUFFALO BACKUP SERVER & POWER BACKUPS | 09/03/16 | SL | 5.00 | 1 | 16 | 7,500. | | | | 7,500. | 6,125. | | 1,375. | 7,500. |
| 94 | 2 SERVERS: 2 X INTEL DUAL XEON CPU | 10/03/16 | SL | 5.00 | 1 | 16 | 12,820. | | | | 12,820. | 10,256. | | 2,564. | 12,820. |
| 95 | CABLING PATCH PANEL CONFIG, LINE MOVING | 01/10/17 | SL | 5.00 | 1 | 16 | 8,200. | | | | 8,200. | 6,150. | | 1,640. | 7,790. |

028111 04-01-20

(D) - Asset disposed

FORM 990 PAGE 10

|--|

| ona j. | 90 PAGE 10 | | | | | | | 990 | | | | | | | |
|--------------|---|------------------|--------|------|------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 96 | BUFFALO BACKUP SERVER 16 TB NAS RACK MOUNT SERVER | 10/03/16 | gī. | 5.00 | | 16 | 1,812. | | | | 1,812. | 1,448. | | 364. | 1,812. |
| 90 | 2 POWER BACKUPS/APC POWER | 10/03/10 | ы | 5.00 | - | 10 | 1,012. | | | | 1,012. | 1,440. | | 504. | 1,012. |
| 97 | BACKUP WITH NETWORK CARD | 10/03/16 | SL | 5.00 | 1 | 16 | 3,470. | | | | 3,470. | 2,776. | | 694. | 3,470. |
| 0.0 | BARRACUDE SPAM FILTER AND 1 | 01/10/17 | at | F 00 | | 16 | 1 1 2 0 | | | | 1 1 2 0 | 855. | | 220 | 1 0 9 2 |
| 90 | YEAR SERVICE | 01/10/17 | 51 | 5.00 | - | 10 | 1,138. | | | | 1,138. | 000. | | 228. | 1,083. |
| 101 | WEBSITE REDSIGN | 06/30/21 | SL | 5.00 | HY | 16 | 87,593. | | | | 87,593. | | | 5,840. | 5,840. |
| 102 | DATABASE BUILD | 09/13/21 | SL | 5.00 | нү | 16 | 50,225. | | | | 50,225. | | | 837. | 837. |
| | * 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT | | | | | | 199,973. | | | 8,206. | 191,767. | 46,620. | | 13,542. | 60,162. |
| | OFFICE EQUIPMENT | | | | | | | | | | | | | | |
| 18 | FURNITURE | 02/01/05 | SL | 5.00 | 1 | 16 | 1,010. | | | | 1,010. | 1,010. | | 0. | 1,010. |
| 34 | OFFICE FURNITURE | 06/14/07 | 200DB | 7.00 | нү | 17 | 505. | | | | 505. | 505. | | ٥. | 505. |
| 35 | FILE CABINET, DESK, ETC. | 07/02/07 | 200DB | 7.00 | нү | 17 | 827. | | | | 827. | 827. | | ٥. | 827. |
| 47 | DRAWERS, DRESSER, LAMP | 05/07/07 | 200DB | 7.00 | нү | 17 | 560. | | | | 560. | 560. | | 0. | 560. |
| 50 | EOS DIGITAL REBEL XTI CAMERA | 10/27/07 | 200DB | 5.00 | нү | 17 | 913. | | | | 913. | 912. | | ٥. | 912. |
| 52 | HP LASERJET 550 DTN PRINTER | 01/12/08 | 200DB | 5.00 | нү | 17 | 4,340. | | | 2,170. | 2,170. | 2,170. | | ٥. | 2,170. |
| 64 | CANON REBEL XSI CAMERA | 09/30/08 | 200DB | 5.00 | нү | 17 | 750. | | | 375. | 375. | 375. | | 0. | 375. |
| 80 | CISCO UC520 PHONE SYSTEM/VOIP SYSTEM + UNIFIED | 06/18/10 | 200DB | 5.00 | нү | 17 | 6,000. | | | 3,000. | 3,000. | 3,000. | | ٥. | 3,000. |
| 81 | CISCO IP PHONES 7940 | 06/18/10 | 200DB | 5.00 | нү | 17 | 1,590. | | | 795. | 795. | 795. | | 0. | 795. |
| 82 | CISCO 7971G-GE IP PHONES (2 ADDITIONAL) | 08/10/10 | 200DB | 5.00 | нү | 17 | 478. | | | 239. | 239. | 239. | | 0. | 239. |
| 83 | CISCO 7971G-GE IP PHONES (ADJUSTMENT FOR 10 PREVIOUS | 08/10/10 | 200DB | 5.00 | нү | 17 | 600. | | | 300. | 300. | 300. | | ٥. | 300. |

028111 04-01-20

(D) - Asset disposed

FORM 990 PAGE 10

990

| | O PAGE 10 | | | | | | | 990 | | _ | | | | - | |
|--------------|---|------------------|--------|-------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 89 | 2 VOIP PHONES & POWER SUPPLY | 08/01/14 | 200DB | 7.00 | MQ | 17 | 1,012. | | | | 1,012. | 935. | | 77. | 1,012. |
| | FRIGIDAIRE 180 CU FT TOP FREEZER REFRIGERATOR | 09/30/15 | 200DB | 7.00 | MQ | 17 | 509. | | | | 509. | 426. | | 44. | 470. |
| 99 | 3 MODULAR WORK STATIONS (1 OF 2) | 01/17/17 | SL | 7.00 | | 16 | 1,160. | | | | 1,160. | 608. | | 166. | 774. |
| | 3 MODULAR WORK STATIONS (2 OF 2) | 02/03/17 | SL | 7.00 | | 16 | 1,160. | | | | 1,160. | 608. | | 166. | 774. |
| | * 990 PAGE 10 TOTAL - OFFICE EQUIPMENT | | | | | | 21,414. | | | 6,879. | 14,535. | 13,270. | | 453. | 13,723. |
| | SPORTS EQUIPMENT | | | | | | | | | | | | | | |
| 29 | GOLF CART ATLAS | 07/20/06 | SL | 7.00 | | 16 | 3,590. | | | | 3,590. | 3,590. | | 0. | 3,590. |
| 92 | 10X10 MIGHTY TENT USA | 09/29/15 | 200DB | 5.00 | MQ | 17 | 2,382. | | | | 2,382. | 2,382. | | 0. | 2,382. |
| 103 | BRANDED TENTS | 05/07/21 | SL | 7.00 | | 16 | 32,696. | | | | 32,696. | | | 1,946. | 1,946. |
| | * 990 PAGE 10 TOTAL - SPORTS EQUIPMENT | | | | | | 38,668. | | | | 38,668. | 5,972. | | 1,946. | 7,918. |
| | BUILDING | | | | | | | | | | | | | | |
| 9 | TIMESHARE | 12/30/94 | SL | 27.50 | MM | 16 | 20,600. | | | | 20,600. | 19,376. | | 749. | 20,125. |
| 10 | TIME SHARE | 09/18/99 | SL | 27.50 | MM | 16 | 10,000. | | | | 10,000. | 7,672. | | 364. | 8,036. |
| | * 990 PAGE 10 TOTAL - BUILDING | | | | | | 30,600. | | | | 30,600. | 27,048. | | 1,113. | 28,161. |
| | TRANSPORTATION EQUIPMENT | | | | | | | | | | | | | | |
| 69 | UTILITY TRAILER | 07/02/09 | 200DB | 5.00 | MQ | 17 | 3,465. | | | 1,733. | 1,732. | 1,732. | | ٥. | 1,732. |
| 87 | 2012 STARCRAFT ALLSTAR | 02/06/12 | 200DB | 5.00 | НҮ | 17 | 52,473. | | | 26,236. | 26,237. | 26,237. | | 0. | 26,237. |
| | * 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT | | | | | | 55,938. | | | 27,969. | 27,969. | 27,969. | | 0. | 27,969. |

028111 04-01-20

(D) - Asset disposed

FORM 990 PAGE 10

| 10m 9. | 90 PAGE 10 | | | | _ | _ | | 990 | | | | | | _ | |
|--------------|---|------------------|--------|-------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| | LEASEHOLD IMPROVEMENTS | | | | | | | | | | | | | | |
| 85 | NETWORK CABLING | 01/31/11 | SL | 15.00 | ну | 17 | 5,800. | | | 5,800. | | | | ٥. | |
| | * 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS | | | | | | 5,800. | | | 5,800. | ٥. | ٥. | | ٥. | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 687,318. | | | 48,854. | 638,464. | 120,879. | | 17,054. | 137,933. |
| | | | | | | | | | | | | | | | |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 516,804. | | | 48,854. | 467,950. | 120,879. | | | 129,310. |
| | ACQUISITIONS | | | | | | 170,514. | | | 0. | 170,514. | 0. | | | 8,623. |
| | DISPOSITIONS/RETIRED | | | | | | 0. | | | ٥. | 0. | ٥. | | | 0. |
| | ENDING BALANCE | | | | | | 687,318. | | | 48,854. | 638,464. | 120,879. | | | 137,933. |
| | ENDING ACCUM DEPR | | | | | | | | | | | 186,787. | | | |
| | ENDING BOOK VALUE | | | | | | | | | | | 500,531. | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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028111 04-01-20

(D) - Asset disposed

| Form 4562 |
|---|
| Department of the Treasury Internal Revenue Service (99) |
| Name(s) shown on return |

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2020

Identifying number

Attachment Sequence No. **179**

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

| 4 | t I Election To Expense Certain Prop | | | | | 4 | 1,040,000 |
|---|--|---|--|---|--|---|----------------------------------|
| | laximum amount (see instructions) otal cost of section 179 property pla | | inatructiona) | | | ···· | 1,040,000 |
| | nreshold cost of section 179 property pla | | | | | ···· | 2,590,000 |
| | eduction in limitation. Subtract line 3 | | | | | | 275507000 |
| | ollar limitation for tax year. Subtract line 4 from li | | | | | | |
| 6 | (a) Description of | | | ness use only) | (c) Elected of | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | sted property. Enter the amount fro | | | | | | |
| | otal elected cost of section 179 prop | | | | | | |
| | entative deduction. Enter the smalle | | | | | | |
| | arryover of disallowed deduction fro usiness income limitation. Enter the | | | | | | |
| | ection 179 expense deduction. Add | | | | | | |
| | arryover of disallowed deduction to | | | | | 12 | |
| | Don't use Part II or Part III below for | | | | | | |
| Par | | | | de listed proper | y.) | | |
| 4 S | pecial depreciation allowance for qu | | | | | | |
| | | | 1 1 5/1 | | - | 14 | |
| 5 Pi | roperty subject to section 168(f)(1) e | election | | | | 15 | |
| | ther depreciation (including ACRS) | | | | | 16 | 16,933 |
| Par | t III MACRS Depreciation (Don | ' t include listed pro | perty. See instructions.) | | | | |
| | | | O | | | | |
| | | | Section A | | | | 1.0.1 |
| | ACRS deductions for assets placed | | ears beginning before 202 | | | 17 | 121 |
| | you are electing to group any assets placed in se | ervice during the tax year | ears beginning before 202 into one or more general asset ac | counts, check here | ► 🗌 | | |
| | you are electing to group any assets placed in se | ervice during the tax year s Placed in Servic | ears beginning before 202 into one or more general asset acc e During 2020 Tax Year | counts, check here Using the Gen | ► 🗌 | | |
| | you are electing to group any assets placed in se | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here | ► | ation Syste | |
| 8 lf) | you are electing to group any assets placed in so Section B - Asset (a) Classification of property | ervice during the tax year S Placed in Servic (b) Month and | ears beginning before 202 into one or more general asset act the During 2020 Tax Year (c) Basis for depreciation | counts, check here Using the Gen (d) Recovery | eral Deprecia | ation Syste | em |
| 8 If y 9a | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery | eral Deprecia | ation Syste | em |
| 8 ⊮ 9a b | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery | eral Deprecia | ation Syste | em |
| 8 If y 9a b c | vou are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery | eral Deprecia | ation Syste | em |
| 18 If y 19a b c d | vou are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery | eral Deprecia | ation Syste | em |
| 8 If y 9a b c d e | vou are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery | eral Deprecia | ation Syste | em |
| 8 fy 9a b c d e f | vou are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery period | eral Deprecia | (f) Method | em |
| 8 fy 9a b c d e | (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property 25-year property 25-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery period | eral Deprecia | (f) Method | em |
| 8 fy 9a b c d e f | vou are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. | eral Deprecia | (f) Method | em |
| 8 ⊮y 9a b c d e f g h | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25-year property Residential rental property | ervice during the tax year S Placed in Servic (b) Month and year placed | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | Counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. | eral Deprecia (e) Convention | (f) Method S/L S/L | em |
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| 19a b c d e f g h | You are electing to group any assets placed in signature Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property | ervice during the tax year is Placed in Service (b) Month and year placed in service | ears beginning before 202 into one or more general asset act e During 2020 Tax Year (c) Basis for depreciation (business/investment use | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. | eral Deprecia (e) Convention | (f) Method (f) Method S/L S/L S/L S/L S/L | em (g) Depreciation deduction |
| 199 199 199 199 199 199 199 199 | You are electing to group any assets placed in signature Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property | ervice during the tax year is Placed in Service (b) Month and year placed in service | ears beginning before 202 into one or more general asset ac- ce During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. | eral Deprecia (e) Convention | (f) Method (f) Method S/L S/L S/L S/L S/L | (g) Depreciation deduction |
| 8 ff) 9a b c d e f g h i | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 25-year property 25-year property Residential rental property Residential rental property Section C - Assets | ervice during the tax year is Placed in Service (b) Month and year placed in service | ears beginning before 202 into one or more general asset ac- ce During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. | eral Deprecia (e) Convention | (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | em (g) Depreciation deduction |
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| 199 199 199 199 199 199 199 199 | you are electing to group any assets placed in si Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year | Prvice during the tax year Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service | ears beginning before 202 into one or more general asset ac- ce During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. | eral Deprecia (e) Convention (e) Convention (b) Convention (c) Co | ation Syste | (g) Depreciation deduction |
| 199a b c d e f f g h i 200a b c | you are electing to group any assets placed in si Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Section C - Assets Class life 12-year 30-year | Prvice during the tax year Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service | ears beginning before 202 into one or more general asset ac- ce During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) | Counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 30 yrs. | eral Deprecia (e) Convention (e) Convention (b) Convention (c) Co | ation Syste | em (g) Depreciation deduction |
| 198 ⊮) 99a b c d e f g h i 20a b c d Par 21 Li | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property Residential rental property Residential rental property Class life 12-year 30-year 40-year tiv Summary (See instructions. isted property. Enter amount from ling | ervice during the tax year is Placed in Service (b) Month and year placed in service / / / / Placed in Service / / / Placed in Service / / / / / / / / / / / / / | ears beginning before 202 into one or more general asset ac- ce During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 30 yrs. 40 yrs. | eral Deprecia (e) Convention (e) Convention (b) Convention (c) Co | ation Syste | em (g) Depreciation deduction |
| 18 15 19 19 19 19 19 19 19 19 19 19 19 19 19 | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property Residential rental property Residential real property Section C - Assets Class life 12-year 30-year 40-year Summary (See instructions.) isted property. Enter amount from line t IV | rvice during the tax year s Placed in Service (b) Month and year placed in service / / / / Placed in Service / / Placed in Service / / / Placed in Service / / / Placed in Service | ears beginning before 202 into one or more general asset ac- ce During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2020 Tax Year U | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 30 yrs. 40 yrs. | eral Deprecia (e) Convention (e) Convention (b) Convention (c) Co | ition Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | em (g) Depreciation deduction |
| 9a 9a b c d e f g h i i 20a b c d b c d b c c f l l i 21 Li c 21 C f f | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 20-year property 25-year property 26-year property 27-year property 28-year property 29-year property Residential rental property Section C - Assets Class life 12-year 30-year 40-year 40-year Summary (See instructions. isted property. Enter amount from line total. Add amounts from line 12, line: net here and on the appropriate line: | Privice during the tax year Placed in Service (b) Month and year placed in service / / / / Placed in Service / / Placed in Service / / / Placed in Service / / / / / / / / / / / / / | ears beginning before 202 into one or more general asset ac- e During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2020 Tax Year U During 2020 Tax Year U artnerships and S corpora | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 30 yrs. 40 yrs. | eral Deprecia (e) Convention (e) Convention (b) Convention (c) Co | ition Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | (g) Depreciation deduction |
| 18 ⊮ 99a b c d e f g h i 20a b c d b c c d Par 21 Li 22 To Er 23 For | you are electing to group any assets placed in so Section B - Asset (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property Residential rental property Residential real property Section C - Assets Class life 12-year 30-year 40-year Summary (See instructions.) isted property. Enter amount from line t IV | Privice during the tax year Placed in Service (b) Month and year placed in service (b) Month and year placed in service (c) (c) (c) (c) (c) (c) (c) (| ears beginning before 202 into one or more general asset ac- e During 2020 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2020 Tax Year U During 2020 Tax Year U artnerships and S corpora | counts, check here Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Jsing the Altern 12 yrs. 30 yrs. 40 yrs. | eral Deprecia (e) Convention (e) Convention (b) Convention (c) Co | ition Syste (f) Method (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L | em (g) Depreciation deduction |

| Form 4562 (2 | 2020) |
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MOVE UNITED

| 101 | rm 4562 (2020) | MOV | E UNITE | עי | | | | | | | | 94- | 01/4 | 010 | Page 2 |
|-----|---|-------------------|-------------------------|------------------------|-----------|-----------------|------------------------------|----------|--------------------|-------------|---------------------------|-------------------|-------------------|--------------------|----------------|
| P | art V Listed Proper entertainment, | ty (Include a | utomobiles, ce | ertain oth | ner vehio | cles, cer | tain airc | raft, ar | nd propert | y used fo | or | | | | |
| | Note: For any | | | | standa | rd milea | ge rate o | or dedi | ucting leas | se expen | se. com | iplete on | lv 24a. | | |
| | 24b, columns | (a) through (c | :) of Śection A | , all of S | ection E | , and S | ection C | if app | licable. | • | | • | | | |
| | | | on and Other | | | ution: S | See the i | nstruc | tions for li | mits for | passeng | ger autor | nobiles.) | | |
| 24a | a Do you have evidence to s | support the bu | siness/investme | ent use cla | aimed? | <u> </u> | ′es 🗋 | No | 24b If "Y | ′es," is th | ne evide | nce writ | ten? | Yes | No |
| | (a) | (b) Date | (c) | | (d) | D. | (e) | | (f) | (| g) | | h) | | (i) |
| | Type of property (list vehicles first) | placed in | Business/ investment | ot | Cost or | (bu | sis for depr Isiness/inve | | Recovery period | | thod/ ention | | ciation uction | | cted on 179 |
| | | service | use percenta | ge ^{ol} | her basis | | use only | /) | periou | COIIV | ention | ueut | | | ost |
| 25 | Special depreciation all | owance for q | ualified listed | property | placed | in servi | ce durin | g the t | ax year ar | nd | | | | | |
| | used more than 50% in | a qualified b | usiness use | | | | | | | | 25 | | | | |
| 26 | Property used more that | n 50% in a q | ualified busin | ess use: | | | | | | | | - | | - | |
| | | : : | a, | 6 | | | | | | | | | | | |
| | | : : | a | % | | | | | | | | | | | |
| | | : : | 9 | % | | | | | | | | | | | |
| 27 | Property used 50% or le | ess in a quali | fied business | use: | | | | | | | | | | - | |
| | | : : | a c | 6 | | | | | | S/L - | | | | | |
| | | : : | a, | 6 | | | | | | S/L - | | | | | |
| | | : : | a c | 6 | | | | | | S/L - | | | | | |
| 28 | Add amounts in column | ı (h), lines 25 | through 27. E | nter her | e and or | n line 21 | , page 1 | | | | 28 | | | | |
| 29 | Add amounts in column | ı (i), line 26. E | inter here and | on line 7 | 7, page | 1 | | | | | | | . 29 | | |
| | | | S | Section I | 3 - Infor | mation | on Use | of Veł | nicles | | | | | | |
| Co | mplete this section for ve | ehicles used | by a sole prop | rietor, p | artner, c | or other | "more th | an 5% | owner," | or related | d persor | n. If you | providec | l vehicle | s |
| toy | your employees, first ans | wer the ques | stions in Section | on C to s | see if yo | u meet | an excep | otion to | o complet | ing this s | ection f | or those | vehicles | S. | |
| | | | | | | | | | | | | | | | |
| | | | | (4 | a) | (| (b) | | (c) | (| d) | (| e) | (1 | [;]) |
| 30 | Total business/investment | miles driven d | uring the | Vel | nicle | Ve | hicle | V | /ehicle | Veh | nicle | Veh | nicle | Veh | icle |
| | year (don't include commu | ting miles) | | | | | | | | | | | | | |
| 31 | Total commuting miles | driven during | the year | | | | | | | | | | | | |
| 32 | Total other personal (no | ncommuting |) miles | | | | | | | | | | | | |
| | driven | | | | | | | | | | | | | | |
| 33 | Total miles driven during | g the year. | | | | | | | | | | | | | |
| | Add lines 30 through 32 | <u>2</u> | | | | | | | | | | | | | |
| 34 | Was the vehicle availab | | | Yes | No | Yes | No | Yes | i No | Yes | No | Yes | No | Yes | No |
| | during off-duty hours? | | | | | | | | | | | | | | |
| 35 | Was the vehicle used p | rimarily by a | more | | | | | | | | | | | | |
| | than 5% owner or relate | ed person? | | | | | | | | | | | | | |
| 36 | Is another vehicle availa | able for perso | onal | | | | | | | | | | | | |
| | use? | | | | | | | | | | | | | | |
| | | Section C | - Questions f | or Emp | oyers V | Vho Pro | vide Vel | hicles | for Use b | y Their B | Employ | ees | | | |
| Ans | swer these questions to | determine if y | /ou meet an e | xceptior | to com | pleting | Section | B for v | ehicles us | ed by er | nployee | es who a i | ren't | | |
| mo | ore than 5% owners or re | lated person: | S. | | | | | | | | | | | | |
| 37 | Do you maintain a writte | en policy stat | ement that pr | ohibits a | III perso | nal use | of vehicl | es, inc | luding co | nmuting | , by you | r | | Yes | No |
| | employees? | | | | | | | | | | | | | | |
| 38 | Do you maintain a writte | en policy stat | ement that pr | ohibits p | ersonal | use of | vehicles, | excep | ot commu | ting, by y | our | | | | |
| | employees? See the ins | | | | | | | | | | | | | | |
| 39 | Do you treat all use of v | ehicles by er | nployees as p | ersonal | use? | | | | | | | | | | |
| 40 | Do you provide more th | an five vehic | les to your em | ployees | , obtain | informa | tion from | ו your | employee | s about | | | | | |
| | the use of the vehicles, | and retain th | e information | received | l? | | | | | | | | | | |
| 41 | Do you meet the require | | | | | | | | | | | | | | |
| _ | Note: If your answer to | 37, 38, 39, 4 | 0, or 41 is "Ye | s," don' | t comple | ete Sect | tion B fo | r the co | overed ve | hicles. | | | | | |
| P | art VI Amortization | | | | | | | | | | | | | | |
| | (a) Description o | f costs | Dete | (b) | | (c) Amortiza | ble | | (d) Code | | (e) | | ٨٠ | (f) nortization | |
| | | | Date | amortization begins | | amoun | t | | section | | Amortiza period or per | | fo | r this year | |
| 42 | Amortization of costs th | iat begins du | ring your 2020 |) tax yea | ar: | | | | | | | | | | |
| | | | | : : | | | | | | | | | | | |
| | | | | : : | | | | | | | | T | | | |

43 Amortization of costs that began before your 2020 tax year

| 44 Total. Add amounts in column (f). See the instructions for where to report | 44 | |
|---|----|--|
| 016252 12-18-20 | | |

Form **4562** (2020)

43

- CURRENT YEAR FEDERAL - MOVE UNITED

| Asset No. | Description | Da Acqu | | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|--------------|--|------------|-----|--------|------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| 78 | LAND | 123 | 009 | L | | | 334,925. | | | 334,925. | | | 0. |
| | COMPUTER EQUIPMENT | | | | | | | | | | | | |
| | ADOBE ACROBAT | 021 | 207 | SL | 3.00 | 16 | 1,485. | | | 1,485. | 1,485. | | 0. |
| - | | 072 | | | | 16 | 612. | | | 612. | 612. | | 0. |
| | | | | | | | | | 240 | | | | |
| | ADOBE INDESIGN CS3 LICENSES FOR | | | | | 16 | 695. | | 348. | 347. | 347. | | 0. |
| | SIMULATENOUS DATABA MICROSOFT OFFICE | | | | 3.00 | 16 | 1,936. | | 968. | 968. | 968. | | 0. |
| 62 | PROFESSIONAL | 091 | 708 | SL | 3.00 | 16 | 500. | | 250. | 250. | 250. | | 0. |
| | ADOBE PHOTOSHOP 2 SERVERS FOR EMAIL | 092 | 208 | SL | 3.00 | 16 | 694. | | 347. | 347. | 348. | | 0. |
| 72 | SERVER: INTEL SERV | 061 | 810 | 200DB | 5.00 | 17 | 8,600. | | 4,300. | 4,300. | 4,300. | | 0. |
| 73 | WINDOWS 7 UPGRADE LICENSE (15 COPIES) | | 810 | SL | 3.00 | 16 | 2,385. | | 1,193. | 1,192. | 1,192. | | 0. |
| | USED IBM RACK MOUNT SERVER W/ DUAL XEO | | 010 | 200DB | 5.00 | 17 | 500. | | 250. | 250. | 250. | | Ο. |
| | NEW RACK MOUNT DE11 17" LCD KVM MONITO | 081 | 010 | 200DB | 5.00 | 17 | 1,099. | | 550. | 549. | 549. | | 0. |
| 84 | WEBSITE REDSIGN | 091 | 511 | SL | 3.00 | 16 | 3,500. | | | 3,500. | 3,500. | | 0. |
| | CISCO 500 SERIES NETWORK SWITCH, WIR | | | | | 17 | 2,369. | | | 2,369. | 2,369. | | 0. |
| | 2 LENOVO CARBON S1, | | | | | | | | | | | | |
| | 2 SERVERS, BUFFALO | | | 200DB | | 17 | 2,840. | | | 2,840. | 2,840. | | 0. |
| | BACKUP SERVER & POW 2 SERVERS: 2 X | | | | | 16 | 7,500. | | | 7,500. | 6,125. | | 1,375. |
| | INTEL DUAL XEON CPU CABLING PATCH PANEL | | 316 | SL | 5.00 | 16 | 12,820. | | | 12,820. | 10,256. | | 2,564. |
| | CONFIG, LINE MOVIN | | 017 | SL | 5.00 | 16 | 8,200. | | | 8,200. | 6,150. | | 1,640. |

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL - MOVE UNITED

| Asset No. | Description | Date Acquir | | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|--------------|--|----------------|-----|--------|------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| 96 | BUFFALO BACKUP SERVER 16 TB NAS RA | | 16 | SL | 5.00 | 16 | 1,812. | | | 1,812. | 1,448. | | 364. |
| 97 | 2 POWER BACKUPS/APC POWER BACKUP WITH BARRACUDE SPAM | 1003 | 16 | SL | 5.00 | 16 | 3,470. | | | 3,470. | 2,776. | | 694. |
| | FILTER AND 1 YEAR S | 0110 | 17 | SL | 5.00 | 16 | 1,138. | | | 1,138. | 855. | | 228. |
| 101 | WEBSITE REDSIGN | 0630 | 21 | SL | 5.00 | 16 | 87,593. | | | 87,593. | | | 5,840. |
| 102 | DATABASE BUILD * 990 PAGE 10 TOTAL | 0913 | 21 | SL | 5.00 | 16 | 50,225. | | | 50,225. | | | 837. |
| | - COMPUTER EQUIPME | | | | | | 199,973. | | 8,206. | 191,767. | 46,620. | | 13,542. |
| | OFFICE EQUIPMENT | | | | | | | | | | | | |
| 18 | FURNITURE | 0201 | .05 | SL | 5.00 | 16 | 1,010. | | | 1,010. | 1,010. | | 0. |
| | OFFICE FURNITURE FILE CABINET, DESK, | 0614 | 07 | 200DB | 7.00 | 17 | 505. | | | 505. | 505. | | 0. |
| 35 | | 0702 | 07 | 200DB | 7.00 | 17 | 827. | | | 827. | 827. | | 0. |
| 47 | | 0507 | 07 | 200DB | 7.00 | 17 | 560. | | | 560. | 560. | | 0. |
| 50 | | | 07 | 200DB | 5.00 | 17 | 913. | | | 913. | 912. | | 0. |
| 52 | | | 08 | 200DB | 5.00 | 17 | 4,340. | | 2,170. | 2,170. | 2,170. | | 0. |
| 64 | | 0930 | 08 | 200DB | 5.00 | 17 | 750. | | 375. | 375. | 375. | | 0. |
| 80 | SYSTEM/VOIP SYSTEM CISCO IP PHONES | 0618 | 10 | 200DB | 5.00 | 17 | 6,000. | | 3,000. | 3,000. | 3,000. | | 0. |
| 81 | | 0618 | 10 | 200DB | 5.00 | 17 | 1,590. | | 795. | 795. | 795. | | 0. |
| 82 | PHONES (2 ADDITIONA | 0810 | 10 | 200DB | 5.00 | 17 | 478. | | 239. | 239. | 239. | | 0. |
| | CISCO 7971G-GE IP PHONES (ADJUSTMENT | 0810 | 10 | 200DB | 5.00 | 17 | 600. | | 300. | 300. | 300. | | 0. |

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL - MOVE UNITED

| Asset No. | Description | Da Acqu | te ired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|--------------|--|------------|------------|--------|-------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| 89 | 2 VOIP PHONES & POWER SUPPLY FRIGIDAIRE 180 CU | 080 | 114 | 200DB | 7.00 | 17 | 1,012. | | | 1,012. | 935. | | 77. |
| 91 | FT TOP FREEZER REFR | 093 | 015 | 200DB | 7.00 | 17 | 509. | | | 509. | 426. | | 44. |
| 99 | | 011 | 717 | SL | 7.00 | 16 | 1,160. | | | 1,160. | 608. | | 166. |
| 100 | 3 MODULAR WORK STATIONS (2 OF 2) * 990 PAGE 10 TOTAL | 020 | 317 | SL | 7.00 | 16 | 1,160. | | | 1,160. | 608. | | 166. |
| | - OFFICE EQUIPMENT | | | | | | 21,414. | | 6,879. | 14,535. | 13,270. | | 453. |
| | SPORTS EQUIPMENT | | | | | | | | | | | | |
| | | 072 | 006 | SL | 7.00 | 16 | 3,590. | | | 3,590. | 3,590. | | 0. |
| | 10X10 MIGHTY TENT USA | 092: | 915 | 200DB | 5.00 | 17 | 2,382. | | | 2,382. | 2,382. | | 0. |
| 103 | | 0 5 0 ' | 721 | SL | 7.00 | 16 | 32,696. | | | 32,696. | | | 1,946. |
| | * 990 PAGE 10 TOTAL - SPORTS EQUIPMENT | | | | | | 38,668. | | 0. | 38,668. | 5,972. | | 1,946. |
| | BUILDING | | | | | | | | | | | | |
| 9 | TIMESHARE | 123 | 094 | SL | 27.50 | 16 | 20,600. | | | 20,600. | 19,376. | | 749. |
| 10 | | 091 | 899 | SL | 27.50 | 16 | 10,000. | | | 10,000. | 7,672. | | 364. |
| | * 990 PAGE 10 TOTAL - BUILDING | | | | | | 30,600. | | 0. | 30,600. | 27,048. | | 1,113. |
| | TRANSPORTATION EQUIPMENT | | | | | | | | | | | | |
| | | 070: | 209 | 200DB | 5.00 | 17 | 3,465. | | 1,733. | 1,732. | 1,732. | | 0. |
| | 2012 STARCRAFT ALLSTAR | 020 | 612 | 200DB | 5.00 | 17 | 52,473. | | 26,236. | 26,237. | 26,237. | | 0. |
| | * 990 PAGE 10 TOTAL - TRANSPORTATION E | | | | | | 55,938. | | 27,969. | 27,969. | 27,969. | | 0. |

028102 04-01-20

(D) - Asset disposed

- CURRENT YEAR FEDERAL - MOVE UNITED

| Asset No. | Description | Da Acqu | ite Jired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|--------------|--|------------|--------------|--------|-------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| | LEASEHOLD IMPROVEMENTS | | | | | | | | | | | | |
| | NETWORK CABLING * 990 PAGE 10 TOTAL | 013 | 111 | SL | 15.00 | 17 | 5,800. | | 5,800. | | | | 0. |
| | - LEASEHOLD IMPROV | | | | | | 5,800. | | 5,800. | 0. | 0. | | Ο. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 687,318. | | 48,854. | 638,464. | 120,879. | | 17,054. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 516,804. | | 48,854. | 467,950. | 120,879. | | |
| | ACQUISITIONS | | | | | | 170,514. | | 0. | 170,514. | 0. | | |
| | DISPOSITIONS | | | | | | 0. | | 0. | 0. | 0. | | |
| | ENDING BALANCE | | | | | | 687,318. | | 48,854. | 638,464. | 120,879. | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

028102 04-01-20

- NEXT YEAR FEDERAL -

MOVE UNITED

| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|--------------|--------------------------------------|------------------|--------|------|-----------------------------|----------------------------|---------------------------|-----------------------------|---------------------------|
| 78 | LAND | 12 30 09 | т. | | 334,925. | 24010 | 334,925. | | 0. |
| | COMPUTER EQUIPMENT | | - | | 551,525. | | 554,525. | | ΰ. |
| | ADOBE ACROBAT SOFTWARE | 021207 | ST. | 3.00 | 1,485. | | 1,485. | 1,485. | 0. |
| | SOFTWARE | 072207 | | 3.00 | 612. | | 612. | 612. | 0. |
| - | ADOBE INDESIGN CS3 | 030208 | | 3.00 | 695. | 348. | 347. | 347. | 0. |
| | LICENSES FOR SIMULATENOUS DATABASE | 041608 | | 3.00 | 1,936. | | 968. | 968. | 0. |
| | MICROSOFT OFFICE PROFESSIONAL | 091708 | | 3.00 | 500. | | 250. | 250. | 0. |
| | ADOBE PHOTOSHOP | 092208 | | 3.00 | 694. | | 347. | 348. | 0. |
| | 2 SERVERS FOR EMAIL SERVER: INTEL | | ~ _ | | | | | | |
| | SERVER: INTEL XEON CPU E560 CPU, 8G | B061810 | 200DB | 5.00 | 8,600. | 4,300. | 4,300. | 4,300. | 0. |
| | WINDOWS 7 UPGRADE LICENSE (15 | | | | - , | | , | , | |
| | COPIES) | 061810 | SL | 3.00 | 2,385. | 1,193. | 1,192. | 1,192. | 0. |
| | USED IBM RACK MOUNT SERVER W/ DUAL | | | | | | | | |
| 75 | XEON CPU, 8GB OF RAM, 2X75GB SCSI H | 081010 | 200DB | 5.00 | 500. | 250. | 250. | 250. | 0. |
| | NEW RACK MOUNT DE11 17" LCD KVM | | | | | | | | |
| 76 | MONITOR FOR SERVER RACK | 081010 | 200DB | 5.00 | 1,099. | 550. | 549. | 549. | 0. |
| 84 | WEBSITE REDSIGN | 091511 | SL | 3.00 | 3,500. | | 3,500. | 3,500. | 0. |
| | CISCO 500 SERIES NETWORK SWITCH, | | | | | | | | |
| | WIRELESS ACCESS POINT & 3 YR | | | | | | | | |
| 88 | WARRANTY | 080114 | 200DB | 5.00 | 2,369. | | 2,369. | 2,369. | 0. |
| | 2 LENOVO CARBON S1, 17 W/TOUCH | | | | | | | | |
| 90 | SCREEN | 090315 | 200DB | 5.00 | 2,840. | | 2,840. | 2,840. | 0. |
| | 2 SERVERS, BUFFALO BACKUP SERVER & | | | | | | | | |
| 93 | POWER BACKUPS | 090316 | | 5.00 | 7,500. | | 7,500. | | 0. |
| 94 | 2 SERVERS: 2 X INTEL DUAL XEON CPU | 100316 | SL | 5.00 | 12,820. | | 12,820. | 12,820. | 0. |
| | CABLING PATCH PANEL CONFIG, LINE | | | | | | | | |
| 95 | MOVING | 011017 | SL | 5.00 | 8,200. | | 8,200. | 7,790. | 410. |
| | BUFFALO BACKUP SERVER 16 TB NAS RACI | | | | | | | | |
| | MOUNT SERVER | 100316 | SL | 5.00 | 1,812. | | 1,812. | 1,812. | 2. |
| | 2 POWER BACKUPS/APC POWER BACKUP | | | | | | | | |
| | WITH NETWORK CARD | 100316 | SL | 5.00 | 3,470. | | 3,470. | 3,470. | 0. |
| | BARRACUDE SPAM FILTER AND 1 YEAR | | | | | | | | |
| | SERVICE | 011017 | | 5.00 | 1,138. | | 1,138. | | |
| 101 | WEBSITE REDSIGN | 063021 | SL | 5.00 | 87,593. | | 87,593. | 5,840. | 17,519. |

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

MOVE UNITED

| | | | | | | * | | | |
|--------------|--------------------------------------|------------------|---------|-------|-----------------------------|--------------|---------------------------|-----------------------------|---------------------------|
| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | Reduction In | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
| | | | | | | Basis | ' | · | |
| | | 09132 | 1SL | 5.00 | 50,225. | | 50,225. | 837. | 10,045. |
| | * 990 PAGE 10 TOTAL - COMPUTER | | | | | | | | |
| | EQUIPMENT | | | | 199,973. | 8,206. | 191,767. | 60,162. | 28,031. |
| | OFFICE EQUIPMENT | | | | | | | | |
| | | 02010 | | 5.00 | 1,010. | | 1,010. | | 0. |
| | | | 7200DI | | 505. | | 505. | 505. | 0. |
| | | | 7200DI | | 827. | | 827. | 827. | 0. |
| | | | 7200DI | | 560. | | 560. | 560. | 0. |
| | | | 7200DI | | 913. | | 913. | | 0. |
| | | | 8200D | | 4,340. | | | | 0. |
| | | | 8200D | 35.00 | 750. | 375. | 375. | 375. | 0. |
| | CISCO UC520 PHONE SYSTEM/VOIP SYSTEM | | | | | | | | |
| | | | .0200DI | | 6,000. | | | | 0. |
| | | 06 18 1 | .0200DI | 35.00 | 1,590. | 795. | 795. | 795. | 0. |
| | CISCO 7971G-GE IP PHONES (2 | | | | | | | | |
| | • | | .0200DI | 35.00 | 478. | 239. | 239. | 239. | 0. |
| | CISCO 7971G-GE IP PHONES (ADJUSTMENT | | | | | | | | |
| | | | .0200DI | | 600. | 300. | 300. | | 0. |
| | | 08011 | .4200DI | 37.00 | 1,012. | | 1,012. | 1,012. | 0. |
| | FRIGIDAIRE 180 CU FT TOP FREEZER | | | | | | | | |
| _ | | | .5200DI | | 509. | | 509. | 470. | 39. |
| | | 01171 | | 7.00 | 1,160. | | 1,160. | | 166. |
| 100 | | 02031 | .7SL | 7.00 | 1,160. | | 1,160. | 774. | 166. |
| | * 990 PAGE 10 TOTAL - OFFICE | | | | | | | | |
| | EQUIPMENT | | | | 21,414. | 6,879. | 14,535. | 13,723. | 371. |
| | SPORTS EQUIPMENT | | | | | | | | |
| | | 07200 | | 7.00 | 3,590. | | 3,590. | | 0. |
| | | | .5200DI | | 2,382. | | 2,382. | | 0. |
| 103 | | 05072 | 1SL | 7.00 | 32,696. | | 32,696. | 1,946. | 4,671. |
| | * 990 PAGE 10 TOTAL - SPORTS | | | | | | | | |
| | EQUIPMENT | | | | 38,668. | | 38,668. | 7,918. | 4,671. |
| | BUILDING | | | | | | | | |
| | | 12309 | | 27.50 | | | 20,600. | | 475. |
| 10 | TIME SHARE | 09189 | 9SL | 27.50 | 10,000. | | 10,000. | 8,036. | 364. |

028103 04-01-20

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

– NEXT YEAR FEDERAL –

MOVE UNITED

| Asset No. | Description | Ac | Date quire | d | Method | Life | Unadju Cost Or I | sted Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|--------------|--|----|---------------|-----------|----------------|---------|---------------------|---------------|----------------------------|---------------------------|-----------------------------|---------------------------|
| | * 990 PAGE 10 TOTAL - BUILDING | | | | | | 30, | 600. | | 30,600. | 28,161. | 839. |
| | TRANSPORTATION EQUIPMENT | | | | 00000 | F 00 | 2 | 465 | 1 7 2 2 | 1 520 | 1 520 | 0 |
| | UTILITY TRAILER 2012 STARCRAFT ALLSTAR | 07 | 020 | J9. 12 | 200DB 200DB | 5.00 | | | 1,733. 26,236. | | | 0. 0. |
| | * 990 PAGE 10 TOTAL - TRANSPORTATIO | | | | 200000 | 5.00 | 54, | =/J• | 20,230. | 20,237. | 20,237. | • |
| | EQUIPMENT | | | | | | 55, | 938. | 27,969. | 27,969. | 27,969. | 0. |
| | LEASEHOLD IMPROVEMENTS | | | | ~ ~ | 1 - 0 0 | _ | | | | | |
| | NETWORK CABLING * 990 PAGE 10 TOTAL - LEASEHOLD | 01 | 31 | 11 | SL | 15.00 | 5, | 800. | 5,800. | | | 0. |
| | IMPROVEMENTS | | | | | | 5. | 800. | 5,800. | 0. | 0. | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | | | 48,854. | | | 33,912. |
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(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone