

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

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 or person subject to tax

Taxpayer identification number

MOVE UNITED

94-6174016

Name and title of officer or person subject to tax

**GLENN MERRY
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>7,153,427.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CST GROUP, CPAS, PC to enter my PIN 20191
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

February 15, 2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54020320191

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CRYSTAL 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 So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOVE UNITED Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 451 HUNGERFORD DRIVE 608 City or town, state or province, country, and ZIP or foreign postal code ROCKVILLE, MD 20850	D Employer identification number 94-6174016 E Telephone number (301)217-0960
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 7,339,777.
J Website: ▶ WWW.MOVEUNITEDSPORT.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1967 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF MOVE UNITED IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR INDIVIDUALS WITH 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 23 6 Total number of volunteers (estimate if necessary) 6 300 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 7,043,736. Prior Year 6,878,055. Current Year 9 Program service revenue (Part VIII, line 2g) 101,912. 135,417. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 68,957. 139,955. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,214,605. 7,153,427.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,956,833. 1,749,986. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,489,912. 1,834,345. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 558,484. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,632,006. 2,994,556. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,078,751. 6,578,887. 19 Revenue less expenses. Subtract line 18 from line 12 1,135,854. 574,540.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 6,714,873. Beginning of Current Year 7,808,425. End of Year 21 Total liabilities (Part X, line 26) 733,998. 1,225,583. 22 Net assets or fund balances. Subtract line 21 from line 20 5,980,875. 6,582,842.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GLENN MERRY, EXECUTIVE DIRECTOR Type or print name and title	Date _____		
Paid Preparer Use Only	Print/Type preparer's name CRYSTAL STEWART, CPA	Preparer's signature <i>Crystal Stewart</i>	Date 02/08/22	Check <input type="checkbox"/> if self-employed PTIN P01246779
	Firm's name ▶ CST GROUP, CPAS, PC Firm's address ▶ 10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191	Firm's EIN ▶ 54-1019610 Phone no. 703-391-2000		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF MOVE UNITED IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES TO DEVELOP INDEPENDENCE, CONFIDENCE AND FITNESS THROUGH PARTICIPATION IN COMMUNITY SPORTS, RECREATION AND EDUCATION PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 908,789. including grants of \$ 305,890.) (Revenue \$ 1,330.) EDUCATION: AS THE NATION'S LEADING PROVIDER OF TRAINING IN ADAPTIVE SPORT, MOVE UNITED HAS EDUCATED MORE THAN 6,000 COACHES, INSTRUCTORS, EDUCATORS, LEADERS, AND VA STAFF WHO TEACH OR WANT TO TEACH SPORT AND RECREATION TO PEOPLE WITH DISABILITIES. OFFERINGS INCLUDE AN ANNUAL NATIONAL CONFERENCE AS WELL AS SPORT SPECIFIC TRAININGS ACROSS THE COUNTRY.

4b (Code:) (Expenses \$ 1,261,926. including grants of \$ 557,712.) (Revenue \$ 70,500.) MOVE UNITED WARFIGHTERS: OFFERS SPORTS REHABILITATION FOR SEVERELY WOUNDED WARRIORS IN MILITARY HOSPITALS AND COMMUNITIES ACROSS THE U.S. THROUGH A NATIONWIDE NETWORK OF 200 COMMUNITY-BASED CHAPTERS. SINCE 1967, MOVE UNITED HAS PROUDLY SERVED WOUNDED WARRIORS, INCLUDING THOSE INJURED IN THE IRAQ AND AFGHANISTAN WARS, OFFERING OVER 70 WINTER AND SUMMER SPORTS AT MORE THAN 100 EVENTS EACH YEAR. MOVE UNITED WARFIGHTERS REBUILDS LIVES THROUGH SPORTS BY IMPROVING SELF-CONFIDENCE, PROMOTING INDEPENDENCE AND UNITING FAMILIES THROUGH SHARED HEALTHY ACTIVITIES. CONTRIBUTIONS COVER EXPENSES FOR PARTICIPATION OF THE WARRIOR AND A FAMILY MEMBER, INCLUDING INDIVIDUALIZED ADAPTIVE INSTRUCTION, ADAPTIVE SPORTS EQUIPMENT, TRANSPORTATION, LODGING AND MEALS. SINCE 2003, MORE THAN 15,500 OF THE MOST SEVERELY WOUNDED AND

4c (Code:) (Expenses \$ 1,378,704. including grants of \$ 751,424.) (Revenue \$) MOVE UNITED SUPPORTS ADAPTIVE SPORTS AND RECREATION THROUGH VARIOUS PROGRAMS INCLUDED HERE UNDER THIS HEADING. COMMUNICATION OF INNOVATIONS, EVENTS, DEVELOPMENTS AND ATHLETE PROFILES WITH THE GENERAL PUBLIC VIA OUR WEBSITE, SOCIAL MEDIA, NEWSLETTERS AND OUR QUARTERLY MAGAZINE. FOR THE PAST 34 YEARS MOVE UNITED HAS HELD SKI SPECTACULAR, ONE OF THE LARGEST ADAPTIVE SNOW SPORT FESTIVALS IN THE COUNTRY. MOVE UNITED SUPPORTS THE DEVELOPMENT OF YOUTH AS THE NEXT GENERATION OF ADAPTIVE SPORT CHAMPIONS. OUR E-TEAM PROVIDES RESOURCES FOR YOUTH OF ALL AGES TO CONNECT AND NETWORK WITH OUR EXTENSIVE MEMBER NETWORK'S ADAPTIVE SPORTS AND RECREATION EVENTS, COMPETITIONS AND LESSONS. FUNDING IS MADE AVAILABLE FOR TRAINING, EQUIPMENT AND COMPETITION. MOVE UNITED LAUNCHED A FIRST OF ITS KIND INITIATIVE TO

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,216,229. including grants of \$ 134,960.) (Revenue \$ 63,587.)

4e Total program service expenses 5,765,648.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, CT, FL, MD, MA, MN, NJ, NY, PA, SC, UT, VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BILL SNYDER - 301-217-0960
451 HUNGERFORD DRIVE, SUITE 608, ROCKVILLE, MD 20850**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN MERRY EXECUTIVE DIRECTOR	40.00			X			212,083.	0.	14,576.	
(2) WILLIAM SNYDER CFO & OPERATING OFFICER	40.00			X			107,961.	0.	2,159.	
(3) JOHN BLOSSOM PRESIDENT	4.00	X		X			0.	0.	0.	
(4) WILLIAM B. REYNOLDS III VICE PRESIDENT	4.00	X		X			0.	0.	0.	
(5) KERI SEROTA SECRETARY	4.00	X		X			0.	0.	0.	
(6) LORI HIGH TREASURER	4.00	X		X			0.	0.	0.	
(7) ALF GARNER MEMBER AT LARGE	4.00	X					0.	0.	0.	
(8) MARYA PROPIS MEMBER AT LARGE	4.00	X					0.	0.	0.	
(9) NICOLE ROUNDY WINTER ATHLETE REP	4.00	X					0.	0.	0.	
(10) ED BRONSDON CHAPTER REPRESENTATIVE	4.00	X					0.	0.	0.	
(11) ERIC KUWANA MEMBER AT LARGE	4.00	X					0.	0.	0.	
(12) PHYLLIS BAYER MEMBER AT LARGE	4.00	X					0.	0.	0.	
(13) CLAYTON FRECH MEMBER AT LARGE	4.00	X					0.	0.	0.	
(14) JOE WALSH MEMBER AT LARGE	4.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	47,650.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,537,233.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,293,172.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 283,908.				
	h Total. Add lines 1a-1f			6,878,055.			
Program Service Revenue	2 a <u>WWDSP DINNER</u>	Business Code	900099	70,500.	70,500.		
	b <u>REGISTRATION FEES</u>		900099	64,917.	64,917.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			135,417.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			95,029.		95,029.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	129,825.	101,451.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		127,540.	58,810.		
	c Gain or (loss)	7c		2,285.	42,641.		
d Net gain or (loss)			44,926.		44,926.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,153,427.	135,417.	0.	139,955.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,739,986.	1,739,986.		
2 Grants and other assistance to domestic 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, 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):				
a Management				
b Legal	1,921.	1,921.		
c Accounting	21,762.		21,762.	
d Lobbying				
e 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 O.)	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				
16 Occupancy	103,320.	97,842.	5,478.	
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				
19 Conferences, conventions, and meetings	167,027.	65,216.	1,200.	100,611.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,054.	14,325.	2,729.	
23 Insurance	509,244.	489,208.	20,036.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ATHLETE EXPENSES	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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	180,649.	9	89,398.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 687,318.		
	b Less: accumulated depreciation	10b 186,787.	347,071.	10c 500,531.
	11 Investments - publicly traded securities	2,191,998.	11	2,314,549.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	84,550.	15	28,400.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,714,873.	16	7,808,425.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	733,998.	26	1,225,583.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,437,649.	27	5,835,917.
	28 Net assets with donor restrictions	543,226.	28	746,925.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,980,875.	32	6,582,842.
33 Total liabilities and net assets/fund balances	6,714,873.	33	7,808,425.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,153,427.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,578,887.
3	Revenue less expenses. Subtract line 2 from line 1	3	574,540.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,980,875.
5	Net unrealized gains (losses) on investments	5	38,884.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-11,457.
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	6,582,842.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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.")	4160838.	4687422.	5444295.	7043736.	6878055.	28214346.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4160838.	4687422.	5444295.	7043736.	6878055.	28214346.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5267576.
6 Public support. Subtract line 5 from line 4.						22946770.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(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 similar sources	55,591.	53,261.	127,132.	68,958.	139,955.	444,897.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						28659243.
12 Gross receipts from related activities, etc. (see instructions)					12	737,157.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	80.07 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	83.38 %
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 qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
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 and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c 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		

Section 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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
2a			
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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c 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, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: MOVE UNITED; Employer identification number: 94-6174016

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		334,925.		334,925.
b Buildings		30,600.	28,161.	2,439.
c Leasehold improvements				
d Equipment				
e Other		321,793.	158,626.	163,167.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				500,531.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(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...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements		1	7,192,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	38,884.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,153,427.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	6,578,887.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,578,887.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **MOVE UNITED** Employer identification number **94-6174016**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

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Schedule I (Form 990) 2020

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

(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

Schedule I (Form 990)

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

(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 ATLANTA, GA 30325	80-0760565	501(C)(3)	11,899.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
THE CENTER FOR INDIVIDUALS WITH PHYSICAL CHALLENGES - 815 S UTICA AVE - TULSA, OK 74104	73-6070545	501(C)(3)	10,704.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
CENTRAL FLORIDA DREAMPLEX 2400 S HWY 27 STE B201 CLERMONT, FL 34711	27-1429422	501(C)(3)	12,989.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING 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	501(C)(3)	5,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

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

(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

Schedule I (Form 990)

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

(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

Schedule I (Form 990)

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

(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 LUIS OBISPO, CA 93406	26-3661313	501(C)(3)	10,000.	0.			ADAPTIVE SUMMER SPORTS 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 R ROCHESTER, NY 14623	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

Schedule I (Form 990)

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

(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
SPARC, SPORTS ARTS AND REC OF CHATTANOOGA - 6638 DECLARATION DRIVE - HIXSON, TN 37343	62-1515151	501(C)(3)	23,812.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
SPORTABLE RICHMOND 1365 OVERBROOK RD, RM 2 RICHMOND, VA 23220	20-8924701	501(C)(3)	25,999.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
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
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 TELLURIDE, CO 81435	84-1337870	501(C)(3)	26,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
TETON ADAPTIVE SPORTS PO BOX 2894 JACKSON, WY 83001	06-1741611	501(C)(3)	18,057.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
THERAPEUTIC ADVENTURES PO BOX 4668 CHARLOTTESVILLE, VA 22905	54-1779203	501(C)(3)	9,634.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)

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

(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 PROGRAMMING 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

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
SCHOLARSHIP	1	10,000.	0.		WARFIGHTER AMBASSADOR GRANT - KIRK BAUER SCHOLARSHIP

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

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MOVE UNITED

Employer identification number

94-6174016

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 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 contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GLENN MERRY EXECUTIVE DIRECTOR	(i)	172,083.	40,000.	0.	3,450.	11,126.	226,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Name of the organization **MOVE UNITED** Employer identification number **94-6174016**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GOLF CLUB SET)	X	62	204,290.	FMV
26	Other ▶ (VACATION PACK)	X	9	39,250.	FMV
27	Other ▶ (HELMETS)	X	82	20,808.	FMV
28	Other ▶ (SPORTS MEMORA)	X	29	13,660.	FMV
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) 2020

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MOVE UNITED

Employer identification number

94-6174016

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

Name of the organization MOVE UNITED	Employer identification number 94-6174016
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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 OPPORTUNITIES FOR ATHLETES 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

Name of the organization MOVE UNITED	Employer identification number 94-6174016
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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

Name of the organization

MOVE UNITED

Employer identification number

94-6174016

THE BOARD OF DIRECTORS' RESPONSIBILITY AS IT RELATES TO OVERSIGHT OF
THE AUDIT IS CONSISTENT WITH THE PRIOR YEAR.

Multiple horizontal lines for text entry.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
78	LAND	12/30/09	L				334,925.				334,925.			0.	
	COMPUTER EQUIPMENT														
48	ADOBE ACROBAT SOFTWARE	02/12/07	SL	3.00		HY16	1,485.				1,485.	1,485.		0.	1,485.
49	SOFTWARE	07/22/07	SL	3.00		HY16	612.				612.	612.		0.	612.
53	ADOBE INDESIGN CS3	03/02/08	SL	3.00		HY16	695.			348.	347.	347.		0.	347.
54	LICENSES FOR SIMULATENOUS DATABASE	04/16/08	SL	3.00		HY16	1,936.			968.	968.	968.		0.	968.
62	MICROSOFT OFFICE PROFESSIONAL	09/17/08	SL	3.00		HY16	500.			250.	250.	250.		0.	250.
63	ADOBE PHOTOSHOP	09/22/08	SL	3.00		HY16	694.			347.	347.	348.		0.	348.
72	2 SERVERS FOR EMAIL SERVER: INTEL SERVER: INTEL XEON CPU	06/18/10	200DB	5.00		HY17	8,600.			4,300.	4,300.	4,300.		0.	4,300.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	06/18/10	SL	3.00		HY16	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		HY17	500.			250.	250.	250.		0.	250.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITOR FOR SERVER RACK	08/10/10	200DB	5.00		HY17	1,099.			550.	549.	549.		0.	549.
84	WEBSITE REDSIGN	09/15/11	SL	3.00		HY16	3,500.				3,500.	3,500.		0.	3,500.
88	CISCO 500 SERIES NETWORK SWITCH, WIRELESS ACCESS POINT	08/01/14	200DB	5.00		MQ17	2,369.				2,369.	2,369.		0.	2,369.
90	2 LENOVO CARBON S1, 17 W/TOUCH SCREEN	09/03/15	200DB	5.00		MQ17	2,840.				2,840.	2,840.		0.	2,840.
93	2 SERVERS, BUFFALO BACKUP SERVER & POWER BACKUPS	09/03/16	SL	5.00		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		16	12,820.				12,820.	10,256.		2,564.	12,820.
95	CABLING PATCH PANEL CONFIG, LINE MOVING	01/10/17	SL	5.00		16	8,200.				8,200.	6,150.		1,640.	7,790.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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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	SL	5.00		16	1,812.				1,812.	1,448.		364.	1,812.
97	2 POWER BACKUPS/APC POWER BACKUP WITH NETWORK CARD	10/03/16	SL	5.00		16	3,470.				3,470.	2,776.		694.	3,470.
98	BARRACUDE SPAM FILTER AND 1 YEAR SERVICE	01/10/17	SL	5.00		16	1,138.				1,138.	855.		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	HY	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		16	1,010.				1,010.	1,010.		0.	1,010.
34	OFFICE FURNITURE	06/14/07	200DB	7.00	HY	17	505.				505.	505.		0.	505.
35	FILE CABINET, DESK, ETC.	07/02/07	200DB	7.00	HY	17	827.				827.	827.		0.	827.
47	DRAWERS, DRESSER, LAMP	05/07/07	200DB	7.00	HY	17	560.				560.	560.		0.	560.
50	EOS DIGITAL REBEL XTI CAMERA	10/27/07	200DB	5.00	HY	17	913.				913.	912.		0.	912.
52	HP LASERJET 550 DTN PRINTER	01/12/08	200DB	5.00	HY	17	4,340.			2,170.	2,170.	2,170.		0.	2,170.
64	CANON REBEL XSI CAMERA	09/30/08	200DB	5.00	HY	17	750.			375.	375.	375.		0.	375.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM + UNIFIED	06/18/10	200DB	5.00	HY	17	6,000.			3,000.	3,000.	3,000.		0.	3,000.
81	CISCO IP PHONES 7940	06/18/10	200DB	5.00	HY	17	1,590.			795.	795.	795.		0.	795.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONAL)	08/10/10	200DB	5.00	HY	17	478.			239.	239.	239.		0.	239.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT FOR 10 PREVIOUS	08/10/10	200DB	5.00	HY	17	600.			300.	300.	300.		0.	300.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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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
89	2 VOIP PHONES & POWER SUPPLY	08/01/14	200DB	7.00	MC	17	1,012.				1,012.	935.		77.	1,012.
91	FRIGIDAIRE 180 CU FT TOP FREEZER REFRIGERATOR	09/30/15	200DB	7.00	MC	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.
100	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	MC	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	MC	17	3,465.			1,733.	1,732.	1,732.		0.	1,732.
87	2012 STARCRAFT ALLSTAR	02/06/12	200DB	5.00	HY	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.

2020 DEPRECIATION AND AMORTIZATION REPORT

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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
	LEASEHOLD IMPROVEMENTS														
85	NETWORK CABLING	01/31/11	SL	15.00		HY17	5,800.			5,800.				0.	
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS						5,800.			5,800.	0.	0.		0.	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.			0.	0.	0.			0.
	ENDING BALANCE						687,318.			48,854.	638,464.	120,879.			137,933.
	ENDING ACCUM DEPR											186,787.			
	ENDING BOOK VALUE											500,531.			

Depreciation and Amortization
 (Including Information on Listed Property) 990

OMB No. 1545-0172

2020
 Attachment
 Sequence No. 179

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

MOVE UNITED

FORM 990 PAGE 10

94-6174016

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,933.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	121.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	17,054.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written?
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows include 30 Total business/investment miles driven during the year, 31 Total commuting miles driven during the year, 32 Total other personal (noncommuting) miles driven, 33 Total miles driven during the year, 34 Was the vehicle available for personal use during off-duty hours?, 35 Was the vehicle used primarily by a more than 5% owner or related person?, 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 main columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows include 42 Amortization of costs that begins during your 2020 tax year, 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

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MOVE UNITED

Asset No.	Description	Date Acquired	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	123009	L			334,925.			334,925.			0.
48	COMPUTER EQUIPMENT ADOBE ACROBAT SOFTWARE	021207	SL	3.00	16	1,485.			1,485.	1,485.		0.
49	SOFTWARE	072207	SL	3.00	16	612.			612.	612.		0.
53	ADOBE INDESIGN CS3 LICENSES FOR	030208	SL	3.00	16	695.		348.	347.	347.		0.
54	SIMULATENOUS DATABA MICROSOFT OFFICE	041608	SL	3.00	16	1,936.		968.	968.	968.		0.
62	PROFESSIONAL	091708	SL	3.00	16	500.		250.	250.	250.		0.
63	ADOBE PHOTOSHOP	092208	SL	3.00	16	694.		347.	347.	348.		0.
72	2 SERVERS FOR EMAIL SERVER: INTEL SERV	061810	200DB	5.00	17	8,600.		4,300.	4,300.	4,300.		0.
73	WINDOWS 7 UPGRADE LICENSE (15 COPIES)	061810	SL	3.00	16	2,385.		1,193.	1,192.	1,192.		0.
75	USED IBM RACK MOUNT SERVER W/ DUAL XEO	081010	200DB	5.00	17	500.		250.	250.	250.		0.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITO	081010	200DB	5.00	17	1,099.		550.	549.	549.		0.
84	WEBSITE REDSIGN	091511	SL	3.00	16	3,500.			3,500.	3,500.		0.
88	CISCO 500 SERIES NETWORK SWITCH, WIR	080114	200DB	5.00	17	2,369.			2,369.	2,369.		0.
90	2 LENOVO CARBON S1, 17 W/TOUCH SCREEN	090315	200DB	5.00	17	2,840.			2,840.	2,840.		0.
93	2 SERVERS, BUFFALO BACKUP SERVER & POW	090316	SL	5.00	16	7,500.			7,500.	6,125.		1,375.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	100316	SL	5.00	16	12,820.			12,820.	10,256.		2,564.
95	CABLING PATCH PANEL CONFIG, LINE MOVIN	011017	SL	5.00	16	8,200.			8,200.	6,150.		1,640.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MOVE UNITED

Asset No.	Description	Date Acquired	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 RA100316	100316	SL	5.00	16	1,812.			1,812.	1,448.		364.
97	2 POWER BACKUPS/APC POWER BACKUP WITH BARRACUDE SPAM	100316	SL	5.00	16	3,470.			3,470.	2,776.		694.
98	FILTER AND 1 YEAR S0111017	101117	SL	5.00	16	1,138.			1,138.	855.		228.
101	WEBSITE REDSIGN	063021	SL	5.00	16	87,593.			87,593.			5,840.
102	DATABASE BUILD	091321	SL	5.00	16	50,225.			50,225.			837.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME					199,973.		8,206.	191,767.	46,620.		13,542.
	OFFICE EQUIPMENT											
18	FURNITURE	020105	SL	5.00	16	1,010.			1,010.	1,010.		0.
34	OFFICE FURNITURE	061407	200DB	7.00	17	505.			505.	505.		0.
35	FILE CABINET, DESK, ETC.	070207	200DB	7.00	17	827.			827.	827.		0.
47	DRAWERS, DRESSER, LAMP	050707	200DB	7.00	17	560.			560.	560.		0.
50	EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	17	913.			913.	912.		0.
52	HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	17	4,340.		2,170.	2,170.	2,170.		0.
64	CANON REBEL XSI CAMERA	093008	200DB	5.00	17	750.		375.	375.	375.		0.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM	061810	200DB	5.00	17	6,000.		3,000.	3,000.	3,000.		0.
81	CISCO IP PHONES 7940	061810	200DB	5.00	17	1,590.		795.	795.	795.		0.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONAL)	081010	200DB	5.00	17	478.		239.	239.	239.		0.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT)	081010	200DB	5.00	17	600.		300.	300.	300.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MOVE UNITED

Asset No.	Description	Date Acquired	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	080114	200DB	7.00	17	1,012.			1,012.	935.		77.
91	FRIGIDAIRE 180 CU FT TOP FREEZER REFR	093015	200DB	7.00	17	509.			509.	426.		44.
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	16	1,160.			1,160.	608.		166.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	7.00	16	1,160.			1,160.	608.		166.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT					21,414.		6,879.	14,535.	13,270.		453.
	SPORTS EQUIPMENT											
29	GOLF CART ATLAS 10X10 MIGHTY TENT	072006	SL	7.00	16	3,590.			3,590.	3,590.		0.
92	USA	092915	200DB	5.00	17	2,382.			2,382.	2,382.		0.
103	BRANDED TENTS	050721	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	123094	SL	27.50	16	20,600.			20,600.	19,376.		749.
10	TIME SHARE	091899	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											
69	UTILITY TRAILER 2012 STARCRAFT	070209	200DB	5.00	17	3,465.		1,733.	1,732.	1,732.		0.
87	ALLSTAR	020612	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.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MOVE UNITED

Asset No.	Description	Date Acquired	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											
85	NETWORK CABLING	01/31/11	SL	15.00	17	5,800.		5,800.				0.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROV					5,800.		5,800.	0.	0.		0.
	* 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.		

2021 DEPRECIATION AND AMORTIZATION REPORT

- 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	123009	L		334,925.		334,925.		0.
	COMPUTER EQUIPMENT								
48	ADOBE ACROBAT SOFTWARE	021207	SL	3.00	1,485.		1,485.	1,485.	0.
49	SOFTWARE	072207	SL	3.00	612.		612.	612.	0.
53	ADOBE INDESIGN CS3	030208	SL	3.00	695.	348.	347.	347.	0.
54	LICENSES FOR SIMULATENOUS DATABASE	041608	SL	3.00	1,936.	968.	968.	968.	0.
62	MICROSOFT OFFICE PROFESSIONAL	091708	SL	3.00	500.	250.	250.	250.	0.
63	ADOBE PHOTOSHOP	092208	SL	3.00	694.	347.	347.	348.	0.
	2 SERVERS FOR EMAIL SERVER: INTEL								
72	SERVER: INTEL XEON CPU E560 CPU, 8GB	061810	200DB	5.00	8,600.	4,300.	4,300.	4,300.	0.
	WINDOWS 7 UPGRADE LICENSE (15								
73	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	SL	5.00	7,500.		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 RACK								
96	MOUNT SERVER	100316	SL	5.00	1,812.		1,812.	1,812.	2.
	2 POWER BACKUPS/APC POWER BACKUP								
97	WITH NETWORK CARD	100316	SL	5.00	3,470.		3,470.	3,470.	0.
	BARRACUDE SPAM FILTER AND 1 YEAR								
98	SERVICE	011017	SL	5.00	1,138.		1,138.	1,083.	55.
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

2021 DEPRECIATION AND AMORTIZATION REPORT

- 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
102	DATABASE BUILD	091321	SL	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								
18	FURNITURE	020105	SL	5.00	1,010.		1,010.	1,010.	0.
34	OFFICE FURNITURE	061407	200DB	7.00	505.		505.	505.	0.
35	FILE CABINET, DESK, ETC.	070207	200DB	7.00	827.		827.	827.	0.
47	DRAWERS, DRESSER, LAMP	050707	200DB	7.00	560.		560.	560.	0.
50	EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	913.		913.	912.	0.
52	HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	4,340.	2,170.	2,170.	2,170.	0.
64	CANON REBEL XSI CAMERA	093008	200DB	5.00	750.	375.	375.	375.	0.
	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM								
80+	UNIFIED MESSAGE + AUTO ATTEND (061810	200DB	5.00	6,000.	3,000.	3,000.	3,000.	0.
81	CISCO IP PHONES 7940	061810	200DB	5.00	1,590.	795.	795.	795.	0.
	CISCO 7971G-GE IP PHONES (2								
82	ADDITIONAL)	081010	200DB	5.00	478.	239.	239.	239.	0.
	CISCO 7971G-GE IP PHONES (ADJUSTMENT								
83	FOR 10 PREVIOUS PHONES UPGRADED)	081010	200DB	5.00	600.	300.	300.	300.	0.
89	2 VOIP PHONES & POWER SUPPLY	080114	200DB	7.00	1,012.		1,012.	1,012.	0.
	FRIGIDAIRE 180 CU FT TOP FREEZER								
91	REFRIGERATOR	093015	200DB	7.00	509.		509.	470.	39.
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	1,160.		1,160.	774.	166.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	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								
29	GOLF CART ATLAS	072006	SL	7.00	3,590.		3,590.	3,590.	0.
92	10X10 MIGHTY TENT USA	092915	200DB	5.00	2,382.		2,382.	2,382.	0.
103	BRANDED TENTS	050721	SL	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								
9	TIMESHARE	123094	SL	27.50	20,600.		20,600.	20,125.	475.
10	TIME SHARE	091899	SL	27.50	10,000.		10,000.	8,036.	364.

(D) - Asset disposed

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- 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
	* 990 PAGE 10 TOTAL - BUILDING				30,600.		30,600.	28,161.	839.
	TRANSPORTATION EQUIPMENT								
69	UTILITY TRAILER	070209	200DB	5.00	3,465.	1,733.	1,732.	1,732.	0.
87	2012 STARCRAFT ALLSTAR	020612	200DB	5.00	52,473.	26,236.	26,237.	26,237.	0.
	* 990 PAGE 10 TOTAL - TRANSPORTATION								
	EQUIPMENT				55,938.	27,969.	27,969.	27,969.	0.
	LEASEHOLD IMPROVEMENTS								
85	NETWORK CABLING	013111	SL	15.00	5,800.	5,800.			0.
	* 990 PAGE 10 TOTAL - LEASEHOLD								
	IMPROVEMENTS				5,800.	5,800.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR				687,318.	48,854.	638,464.	137,933.	33,912.

(D) - Asset disposed

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