

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning OCT 1, 2022, and ending SEP 30, 2023

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**MOVE UNITED**

EIN or SSN

**94-6174016**

Name and title of officer or person subject to tax

**GLENN MERRY  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>8,696,149.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## 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 entity or  I am a person subject to tax with respect to (name of entity) MOVE UNITED, (EIN) 94-6174016 and that I have examined a copy of the

2022 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 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 March 12, 2024

## 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 2022 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

JOHN M. PERSIL

Date

03/08/24

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

<b>B</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	<b>C</b> Name of organization <b>MOVE UNITED</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>451 HUNGERFORD DRIVE 608</b> City or town, state or province, country, and ZIP or foreign postal code <b>ROCKVILLE, MD 20850</b> <b>F</b> Name and address of principal officer: <b>GLENN MERRY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>94-6174016</b> <b>E</b> Telephone number <b>(301)217-0960</b> <b>G</b> Gross receipts \$ <b>9,134,309.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> 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		
<b>J</b> Website: <b>WWW.MOVEUNITEDSPORT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1967</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF MOVE UNITED IS TO PROVIDE NATIONAL LEADERSHIP AND OPPORTUNITIES FOR INDIVIDUALS WITH</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>27</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>525</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 6,811,138.
<b>9</b>		Program service revenue (Part VIII, line 2g)	246,200.	448,458.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,182.	-195,713.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,153,520.	8,696,149.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,858,618.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,949,046.	2,254,814.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	627,265.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,563,178.	4,375,169.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,370,842.	8,909,784.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-217,322.	-213,635.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 7,135,499.	<b>End of Year</b> 7,504,213.
	<b>21</b>	Total liabilities (Part X, line 26)	998,015.	1,546,168.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	6,137,484.	5,958,045.

**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.

<b>Sign Here</b>	Signature of officer <b>GLENN MERRY, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN M. PERSIL</b>	Preparer's signature
	Firm's name <b>CST GROUP, CPAS, PC</b>	Date <b>03/08/24</b>
	Firm's address <b>10740 PARKRIDGE BLVD 5TH FLOOR RESTON, VA 20191-4424</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00568140</b>
		Firm's EIN <b>54-1019610</b> Phone no. <b>(703) 391-2000</b>

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 1,064,048. including grants of \$ 0. ) (Revenue \$ 0. ) MEMBER SERVICES: MOVE UNITED PROVIDES SERVICES TO ITS OVER 200 COMMUNITY BASED ORGANIZATIONS OPERATING LOCALLY IN 45 STATES SERVING 120,000 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 CAPACITY BUILDING AND TECHNICAL ASSISTANCE.

4b (Code: ) (Expenses \$ 1,121,662. including grants of \$ 517,954. ) (Revenue \$ 92,750. ) MOVE UNITED WARFIGHTERS: OFFERS SPORTS REHABILITATION FOR SEVERELY WOUNDED WARRIORS IN MILITARY HOSPITALS AND COMMUNITIES ACROSS THE U.S. THROUGH A NATIONWIDE NETWORK OF OVER 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 18,000 OF THE MOST SEVERELY WOUNDED AND

4c (Code: ) (Expenses \$ 1,063,441. including grants of \$ 560,113. ) (Revenue \$ 18,620. ) 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 ENGAGE PEOPLE WITH

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,527,058. including grants of \$ 1,201,734. ) (Revenue \$ 337,088. )

4e Total program service expenses 7,776,209.

**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> ? See instructions	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 <b>Section 501(c)(3) organizations.</b> 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 Rev. Proc. 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> See instructions		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
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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
<b>1a</b>	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.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN MERRY EXECUTIVE DIRECTOR	40.00			X				211,811.	0.	16,834.
(2) WILLIAM SNYDER CHIEF FINANCIAL & OPERATING OFFICER	40.00			X				117,608.	0.	2,352.
(3) JOHN BLOSSOM PRESIDENT	4.00	X		X				0.	0.	0.
(4) NICOLE ROUNDY VICE PRESIDENT	4.00	X		X				0.	0.	0.
(5) MATT SCOTT 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) ED BRONSDON MEMBER AT LARGE	4.00	X						0.	0.	0.
(9) ERIC KUWANA MEMBER AT LARGE	4.00	X						0.	0.	0.
(10) PHYLLIS BAYER MEMBER AT LARGE	4.00	X						0.	0.	0.
(11) CLAYTON FRECH MEMBER AT LARGE	4.00	X						0.	0.	0.
(12) JOE WALSH MEMBER AT LARGE	4.00	X						0.	0.	0.
(13) DANNY DUDEK MEMBER AT LARGE	4.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							329,419.	0.	19,186.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							329,419.	0.	19,186.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	56,150.				
	<b>c</b> Fundraising events .....	<b>1c</b>	16,735.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,299,766.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,070,753.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 401,434.				
	<b>h Total.</b> Add lines 1a-1f .....		8,443,404.				
Program Service Revenue	<b>2 a</b> REGISTRATION FEES	Business Code					
		900099	355,708.	355,708.			
	<b>b</b> HAWW DINNER	900099	92,750.	92,750.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		448,458.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		116,433.			116,433.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	71,224.	20,000.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	68,445.	334,925.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,779.	-314,925.			
	<b>d</b> Net gain or (loss) .....		-312,146.	-314,925.		2,779.	
<b>8 a</b> Gross income from fundraising events (not including \$ 16,735. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		34,790.				
			34,790.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		8,696,149.	133,533.	0.	119,212.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,279,801.	2,279,801.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	310,233.	202,545.	101,254.	6,434.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,633,246.	1,334,317.	198,979.	99,950.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	36,166.	28,081.	5,734.	2,351.
<b>9</b> Other employee benefits .....	126,520.	110,215.	15,749.	556.
<b>10</b> Payroll taxes .....	148,649.	118,670.	21,736.	8,243.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	30,000.		30,000.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	361,239.	272,198.	15,900.	73,141.
<b>12</b> Advertising and promotion .....	105,312.	52,344.		52,968.
<b>13</b> Office expenses .....	716,834.	657,801.	25,803.	33,230.
<b>14</b> Information technology .....	137,676.	130,961.	3,005.	3,710.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	115,781.	63,613.	45,634.	6,534.
<b>17</b> Travel .....	929,221.	872,376.	14,302.	42,543.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	586,777.	466,068.		120,709.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	35,651.	28,164.	7,487.	
<b>23</b> Insurance .....	667,308.	651,708.	15,146.	454.
<b>24</b> 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.)				
<b>a</b> <b>DONATED GOODS</b> .....	317,690.	317,690.		
<b>b</b> <b>ATHLETE EXPENSES</b> .....	253,468.	82,031.	975.	170,462.
<b>c</b> <b>APPAREL</b> .....	88,601.	84,499.	137.	3,965.
<b>d</b> <b>TAXES &amp; LICENSES</b> .....	15,470.	14,644.	144.	682.
<b>e</b> All other expenses .....	14,141.	8,483.	4,325.	1,333.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	8,909,784.	7,776,209.	506,310.	627,265.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,909,177.	<b>1</b>	2,892,564.
	<b>2</b> Savings and temporary cash investments .....	1,325,356.	<b>2</b>	1,785,354.
	<b>3</b> Pledges and grants receivable, net .....	1,288,738.	<b>3</b>	1,009,050.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	145,750.	<b>9</b>	83,740.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 377,309.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 216,574.	479,310.	<b>10c</b> 160,735.
	<b>11</b> Investments - publicly traded securities .....	967,615.	<b>11</b>	1,138,866.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	19,553.	<b>15</b>	433,904.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,135,499.	<b>16</b>	7,504,213.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	707,550.	<b>17</b>	823,335.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	290,465.	<b>19</b>	322,711.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	0.	<b>25</b>	400,122.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	998,015.	<b>26</b>	1,546,168.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,544,387.	<b>27</b>	5,278,742.
	<b>28</b> Net assets with donor restrictions .....	593,097.	<b>28</b>	679,303.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,137,484.	<b>32</b>	5,958,045.
	<b>33</b> Total liabilities and net assets/fund balances .....	7,135,499.	<b>33</b>	7,504,213.

**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	8,696,149.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,909,784.
3	Revenue less expenses. Subtract line 2 from line 1	3	-213,635.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,137,484.
5	Net unrealized gains (losses) on investments	5	43,785.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-9,589.
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	5,958,045.

**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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5444295.	7043736.	6878055.	6811138.	8443404.	34620628.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5444295.	7043736.	6878055.	6811138.	8443404.	34620628.
<b>5</b> 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) .....						8495956.
<b>6 Public support.</b> Subtract line 5 from line 4.						26124672.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	5444295.	7043736.	6878055.	6811138.	8443404.	34620628.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	127,132.	68,958.	139,955.	92,529.	116,433.	545,007.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						35165635.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,123,483.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.29 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	77.06 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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 B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**MOVE UNITED**

Employer identification number

**94-6174016**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>MOVE UNITED</b>	Employer identification number <b>94-6174016</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADAPTIVE SPORTS USA PO BOX 621023 LITTLETON, CO 80162	\$ 256,675.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOB WOODRUFF FAMILY FOUNDATION PO BOX 955 BRISTOW, VA 20136	\$ 951,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHARITIES AID FOUNDATION AMERICA PO BOX 7174 PRINCETON, NJ 08543-7174	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITIBANK, N.A. 388 GREENWICH STREET NEW YORK, NY 10013	\$ 183,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE HARTFORD ONE HARTFORD PLAZA/T10 HARTFORD, CT 06155	\$ 1,387,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PING PO BOX 82000 PHOENIX, AZ 85071	\$ 282,900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MOVE UNITED</b>	Employer identification number <b>94-6174016</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VERITAS CAPITAL FUND MANAGEMENT LLC 9 WEST 57TH STREET, 29TH FLOOR NEW YORK, NY 10019	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DEPARTMENT OF VETERANS AFFAIRS 810 VERMONT AVE NW WASHINGTON , DC 20420	\$ 1,299,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MOVE UNITED</b>	Employer identification number <b>94-6174016</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	69 SETS OF GOLF CLUBS _____ _____ _____	\$ 282,900.	09/30/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>MOVE UNITED</b>	Employer identification number  <b>94-6174016</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

**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? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		30,600.	29,364.	1,236.
c Leasehold improvements				
d Equipment				
e Other		346,709.	187,210.	159,499.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				160,735.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) DEPOSITS ON FILE	59,817.
(2) RIGHT OF USE ASSET	374,087.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	433,904.

**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) LEASE LIABILITY, CURRENT	88,121.
(3) LEASE LIABILITY, LONG-TERM	312,001.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	400,122.

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	8,740,636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	43,785.	
b	Donated services and use of facilities	2b	702.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		44,487.
3	Subtract line 2e from line 1	3		8,696,149.
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		8,696,149.

**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	8,910,486.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	702.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		702.
3	Subtract line 2e from line 1	3		8,909,784.
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		8,909,784.

**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, 2023.

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, 2023, WHICH REQUIRE DISCLOSURE OR RECOGNITION. WITH LIMITED EXCEPTIONS, THE TAX RECORDS OF THE ORGANIZATION REMAIN OPEN FOR THREE YEARS FOR FEDERAL INCOME TAX EXAMINATION.







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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LOCKTON AUCTION		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	51,525.			51,525.
	<b>2</b> Less: Contributions .....	16,735.			16,735.
	<b>3</b> Gross income (line 1 minus line 2) .....	34,790.			34,790.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	34,790.			34,790.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				34,790.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABILITY360 SPORTS AND FITNESS CENTER - 5031 E WASHINGTON ST - PHOENIX, AZ 85034	86-0486447	501(C)(3)	38,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ACCESSURF HAWAII INC. PO BOX 15152 HONOLULU, HI 96830	20-4420646	501(C)(3)	60,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE EXPEDITIONS PO BOX 13312 CHARLESTON, SC 29422	45-3850552	501(C)(3)	35,799.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302	94-2938093	501(C)(3)	15,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS CONNECTION 6000 HARRIOTT DR POWELL, OH 43065	31-1561944	501(C)(3)	55,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ADAPTIVE SPORTS NEW ENGLAND 89 SOUTH ST STE 603 BOSTON, MA 02111	46-3900833	501(C)(3)	48,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **69.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **5.**

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

Schedule I (Form 990) 2022

**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 noncash 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 NB DALTON, OH 44618	27-1144442	501(C)(3)	28,750.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ANGEL CITY SPORTS 355 S GRAND AVE LOS ANGELES, CA 90064	82-2603747	501(C)(3)	49,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
ARIZONA DISABLED SPORTS PO BOX 4727 MESA, AZ 85211	86-0643471	501(C)(3)	65,500.	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)	18,500.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
BLAZESPORTS AMERICA 535 N MCDONOUGH ST DECATUR, GA 30030	58-2087265	501(C)(3)	8,500.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
BRECKENRIDGE OUTDOOR EDUCATION CENTER - PO BOX 697 - BRECKENRIDGE, CO 80424	84-0725560	501(C)(3)	15,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
CATALYST SPORTS PO BOX 20490 ATLANTA, GA 30325	80-0760565	501(C)(3)	20,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
CHALLENGED ATHLETES OF WEST VIRGINIA - 10 SNOWSHOE DR - SNOWSHOE, WV 26209	55-0692020	501(C)(3)	21,802.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
CITY OF LAS VEGAS 451 E BONANZA RD LAS VEGAS, NV 89101	82-3845687		55,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RENO 1301 VALLEY RD RENO, NV 89512	88-6000201		16,000.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
CLEMSON UNIVERSITY 280A LEHOTSKY HALL CLEMSON, SC 29634	57-6000254		8,834.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
COMMON GROUND OUTDOOR ADVENTURE 335 NORTH 100 EAST LOGAN, UT 84321	84-1385181	501(C)(3)	13,407.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
COMMOTION - COMMUNITY IN MOTION 6704 WEIMER DR RALEIGH, NC 27617	84-4005067	501(C)(3)	14,000.	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)	14,000.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
DAIRYLAND SPORTS CORPORATION PO BOX 45736 MADISON MADISON, WI 53744	82-3718737	501(C)(3)	55,120.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
DARE2TRI PARATRIATHLON CLUB 847 N DAMEN APT 2R CHICAGO, IL 60622	45-3933200	501(C)(3)	18,501.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
DISABLED ATHLETE SPORTS ASSOCIATION - 1236 JUNGERMAN ROAD - ST. PETERS, MO 63376	43-1775519	501(C)(3)	20,250.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
FRIENDS OF THE COUNTY PARKS 128 1ST ST E #204 TIERRA VERDE, FL 33715	59-3088915	501(C)(3)	68,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALLOPNYC, INC. 540 PRESIDENT ST 3F BROOKLYN, NY 11215	05-0615968	501(C)(3)	8,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
GATEWAY DISABLED SKI PROGRAM 17409 HIDDEN VALLEY DR EUREKA, MO 63025	38-4128030	501(C)(3)	35,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
GREAT LAKES ADAPTIVE SPORTS ASSOCIATION - 400 E. ILLINOIS RD. - LAKE FOREST, IL 60045	36-4285965	501(C)(3)	125,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
GREATER BUFFALO ADAPTIVE SPORTS, INC. - 9 SAGEBRUSH LN - LANCASTER, NY 14086	47-1618828	501(C)(3)	88,475.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
GREEN MOUNTAIN ADAPTIVE SPORTS PO BOX 483 HYDE PARK, VT 05655	27-4015887	501(C)(3)	6,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
HIGH COUNTRY ADAPTIVE SPORTS PO BOX 1903 FLAGSTAFF, AZ 86002	81-3359695	501(C)(3)	10,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
IGNITE ADAPTIVE SPORTS PO BOX 19016 BOULDER, CO 80308-2016	84-0798064	501(C)(3)	33,117.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
IOWA SPORTS FOUNDATION 1421 S BELL AVE STE 104 AMES, IA 50010-7710	42-1278326	501(C)(3)	7,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
JUNIOR TENNIS CHAMPIONS CENTER 5200 CAMPUS DR COLLEGE PARK, MD 20740	52-2114223	501(C)(3)	50,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKES REGION DISABLED SPORTS 719 CHERRY VALLEY RD GILFORD, NH 03249	45-3986970	501(C)(3)	7,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
LAKESHORE FOUNDATION 4000 RIDGEWAY DR BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	42,392.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
LONE STAR PARALYSIS FOUNDATION PO BOX 41507 AUSTIN, TX 78704	74-2931329	501(C)(3)	52,900.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
MAINE ADAPTIVE SPORTS & RECREATION 8 SUNDANCE LANE NEWRY, ME 04261	01-0388818	501(C)(3)	22,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
MARY FREE BED WHEELCHAIR & ADAPTIVE - 235 WEALTHY ST SE - GRAND RAPIDS, MI 49503	38-1359265	501(C)(3)	50,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
MARYLAND THERAPEUTIC RIDING 1141 SUNRISE BEACH RD CROWNSVILLE, MD 21032	52-2035698	501(C)(3)	18,807.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
MIDWEST ADAPTIVE SPORTS 1800 GENESSEE ST, STE 301 KANSAS CITY, MO 64102	45-3735129	501(C)(3)	55,615.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
MOUNT SNOW ADAPTIVE SPORTS, INC. PO BOX 1092 WEST DOVER, VT 05356	82-1196414	501(C)(3)	12,888.	0.			ADAPTIVE WINTER SPORTS PROGRAMMING EXPENSES
NATIONAL SPORTS CENTER FOR THE DISABLED - PO BOX 1290 - WINTER PARK, CO 80482	84-0738419	501(C)(3)	15,000.	0.			ADAPTIVE 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ENGLAND DISABLED SPORTS PO BOX 26 LINCOLN, NH 03251	02-0460732	501(C)(3)	18,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
NEW ENGLAND HANDICAPPED SPORTS ASSN - PO BOX 2135 - NEWBURY, NH 03255	23-7398657	501(C)(3)	33,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
OKLAHOMA ADAPTIVE SPORTS ASSOCIATION - PO BOX 20425 - OKLAHOMA CITY, OK 73156	73-1194142	501(C)(3)	20,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
OPERATION COMFORT 6304 LAKESHORE DR PO BOX 4010 LAGO VISTA, TX 78645	86-1123065	501(C)(3)	66,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
OREGON ADAPTIVE SPORTS 63025 O.B. RILEY RD, SUITE #12 BEND, OR 97701	26-0076749	501(C)(3)	9,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
OUTDOORS FOR ALL FOUNDATION 6344 NE 74TH ST STE 102 SEATTLE, WA 98115	91-1085999	501(C)(3)	36,042.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
PARADOX SPORTS PO BOX 273 ELDORADO SPRINGS, CO 80025	26-0153796	501(C)(3)	7,500.	0.			ADAPTIVE SUMMER SPORTS PROGRAMMING EXPENSES
PVA CENTRAL FLORIDA CHAPTER 2711 SOUTH DESIGN CT SANFORD, FL 32773	59-1793434	501(C)(3)	11,093.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
RISE ADAPTIVE SPORTS 2720 ROCHELLE PT IRVING, TX 75062	20-8646346	501(C)(3)	46,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
S.M.C.L FOUNDATION & ASSOCIATES INC. - 2910 SEINE ST - NEW ORLEANS, LA 70114	22-3934553	501(C)(3)	17,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SALT LAKE COUNTY 8446 HARRISON ST MIDVALE, UT 84047	87-6000316		24,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SERVICEMEMBERS UNDERTAKING DISABLED SPORT - PO BOX 701693 - SAN ANTONIO, TX 78270	26-1315733	501(C)(3)	12,325.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SHIFTING GEARS 177 US HWY #1 TEQUESTA, FL 33469	84-3056108	501(C)(3)	12,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SOUTHERN ARIZONA ADAPTIVE SPORTS PO BOX 43062 TUCSON, AZ 85733	82-1289116	501(C)(3)	76,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPARC, SPORTS ARTS AND REC OF CHATTANOOGA - 6638 DECLARATION DRIVE - HIXSON, TN 37343	62-1515151	501(C)(3)	15,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPAULDING ADAPTIVE SPORT CENTERS 311 SERVICE RD EAST SANDWICH, MA 02537	04-3071419	501(C)(3)	8,174.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPORTS ASSOCIATION, GAYLORD HOSPITAL - PO BOX 400 - WALLINGFORD, CT 06492	06-0646649	501(C)(3)	55,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
SPORTSABILITY ALLIANCE 2475 APALACHEE PKWY, STE 205 TALLAHASSEE, FL 32301	59-3051552	501(C)(3)	11,667.	0.			ADAPTIVE WINTER 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRIDE ADAPTIVE SPORTS 476 NORTH GREENBUSH RD #9 RENSSELAER, NY 12144	14-1732830	501(C)(3)	15,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
TEAM RIVER RUNNER 5007 STONE RD ROCKVILLE, MD 20853	20-3838651	501(C)(3)	80,482.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
TELLURIDE ADAPTIVE SPORTS PROGRAM PO BOX 2254 TELLURIDE, CO 81435-2254	84-1337870	501(C)(3)	11,500.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
THERAPEUTIC ADVENTURES PO BOX 4668 CHARLOTTESVILLE, VA 22905	54-1779203	501(C)(3)	10,086.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
TURNSTONE, INC. 3320 N CLINTON ST FORT WAYNE, IN 46805	35-0913541	501(C)(3)	16,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
UCO DEPT. OF WELLNESS & SPORT 100 N. UNIVERSITY DRIVE BOX 99 EDMOND, OK 73034	73-6017987	501(C)(3)	74,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
UNIV. OF MICHIGAN ADAPT & INCL SPORTS EXP - 1500 E MEDICAL CENTER DR - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	35,000.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
US ADAPTIVE RECREATION CENTER PO BOX 2897 BIG BEAR LAKE, CA 92315	95-3872771	501(C)(3)	18,985.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES
WINTERGREEN ADAPTIVE SPORTS PO BOX 4334 CHARLOTTESVILLE, VA 22905	54-1818204	501(C)(3)	25,160.	0.			ADAPTIVE WINTER AND SUMMER SPORTS PROGRAMMING EXPENSES

Schedule I (Form 990)



**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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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)	211,811.	0.	0.	4,596.	12,238.	228,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	X	770	83,744	FMV
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 SETS )	X	69	282,900	FMV
26 Other ( VACATION PACKAG )	X	5	20,000	FMV
27 Other ( SPORTS MEMORABI )	X	18	11,100	FMV
28 Other ( FOOD & WINE )	X	1	2,100	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**

	Yes	No
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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) 2022

**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:**

**SPORTS GEAR**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 14

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1190.

(D) METHOD OF DETERMINING REVENUE: FMV

**FLAGS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 400.

(D) METHOD OF DETERMINING REVENUE: FMV

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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:

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:

SKI SPECTACULAR: FOR THE PAST 35 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.

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

COMPETITION: NATIONALS - EACH YEAR FOR OVER 35 YEARS, MOVE UNITED HAS CONDUCTED AN ANNUAL NATIONAL SUMMER SPORTS COMPETITION THAT OFFERS OPPORTUNITIES FOR ATHLETES OF ALL AGES 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. EXPENSES \$ 4,527,058. INCL GRANTS OF \$ 1,201,734. REVENUE \$ 337,088.

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.

Name of the organization <b>MOVE UNITED</b>	Employer identification number <b>94-6174016</b>
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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

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

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
78	(D)LAND	12/30/09	L				334,925.				334,925.			0.	
105	MEMBERSHIP PORTAL - NEW START MOBILE LLC	10/01/23	SL	5.00		16	52,000.				52,000.			0.	
	COMPUTER EQUIPMENT														
48	(D)ADOBE ACROBAT SOFTWARE	02/12/07	SL	3.00	HY	16	1,485.				1,485.	1,485.		0.	1,485.
49	(D)SOFTWARE	07/22/07	SL	3.00	HY	16	612.				612.	612.		0.	612.
53	(D)ADOBE INDESIGN CS3	03/02/08	SL	3.00	HY	16	695.			348.	347.	347.		0.	347.
54	(D)LICENSES FOR SIMULATENOUS DATABASE	04/16/08	SL	3.00	HY	16	1,936.			968.	968.	968.		0.	968.
62	(D)MICROSOFT OFFICE PROFESSIONAL	09/17/08	SL	3.00	HY	16	500.			250.	250.	250.		0.	250.
63	(D)ADOBE PHOTOSHOP	09/22/08	SL	3.00	HY	16	694.			347.	347.	348.		0.	348.
72	(D)2 SERVERS FOR EMAIL SERVER: INTEL SERVER: INTEL	06/18/10	200DB	5.00	HY	17	8,600.			4,300.	4,300.	4,300.		0.	4,300.
73	(D)WINDOWS 7 UPGRADE LICENSE (15 COPIES)	06/18/10	SL	3.00	HY	16	2,385.			1,193.	1,192.	1,192.		0.	1,192.
75	(D)USED IBM RACK MOUNT SERVER W/ DUAL XEON CPU, 8GB	08/10/10	200DB	5.00	HY	17	500.			250.	250.	250.		0.	250.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITOR FOR SERVER RACK	08/10/10	200DB	5.00	HY	17	1,099.			550.	549.	549.		0.	549.
84	WEBSITE REDSIGN	09/15/11	SL	3.00	HY	16	3,500.				3,500.	3,500.		0.	3,500.
88	CISCO 500 SERIES NETWORK SWITCH, WIRELESS ACCESS POIN	08/01/14	200DB	5.00	MC	17	2,369.				2,369.	2,369.		0.	2,369.
90	(D)2 LENOVO CARBON S1, 17 W/TOUCH SCREEN	09/03/15	200DB	5.00	MC	17	2,840.				2,840.	2,840.		0.	2,840.
93	(D)2 SERVERS, BUFFALO BACKUP SERVER & POWER BACKUPS	09/03/16	SL	5.00		16	7,500.				7,500.	7,500.		0.	7,500.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	10/03/16	SL	5.00		16	12,820.				12,820.	12,820.		0.	12,820.

228111 04-01-22

(D) - Asset disposed

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

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
95	CABLING PATCH PANEL CONFIG, LINE MOVING	01/10/17	SL	5.00		16	8,200.				8,200.	8,200.		0.	8,200.
96	(D)BUFFALO BACKUP SERVER 16 TB NAS RACK MOUNT SERVER	10/03/16	SL	5.00		16	1,812.				1,812.	1,812.		0.	1,812.
97	(D)2 POWER BACKUPS/APC POWER BACKUP WITH NETWORK CARD	10/03/16	SL	5.00		16	3,470.				3,470.	3,470.		0.	3,470.
98	(D)BARRACUDE SPAM FILTER AND 1 YEAR SERVICE	01/10/17	SL	5.00		16	1,138.				1,138.	1,138.		0.	1,138.
101	WEBSITE REDSIGN	06/30/21	SL	5.00	HY	16	87,593.				87,593.	23,359.		17,519.	40,878.
102	DATABASE BUILD	09/13/21	SL	5.00	HY	16	50,225.				50,225.	10,882.		10,045.	20,927.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT						199,973.			8,206.	191,767.	88,191.		27,564.	115,755.
	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	(D)EOS DIGITAL REBEL XTI CAMERA	10/27/07	200DB	5.00	HY	17	913.				913.	912.		0.	912.
52	(D)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	(D)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.

228111 04-01-22

(D) - Asset disposed

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

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT FOR 10 PREVIOUS	08/10/10	200DB	5.00		HY17	600.			300.	300.	300.		0.	300.
89	2 VOIP PHONES & POWER SUPPLY	08/01/14	200DB	7.00		MC17	1,012.				1,012.	1,012.		0.	1,012.
91	(D)FRIGIDAIRE 180 CU FT TOP FREEZER REFRIGERATOR	09/30/15	200DB	7.00		MC17	509.				509.	509.		0.	509.
99	3 MODULAR WORK STATIONS (1 OF 2)	01/17/17	SL	7.00		16	1,160.				1,160.	940.		166.	1,106.
100	3 MODULAR WORK STATIONS (2 OF 2)	02/03/17	SL	7.00		16	1,160.				1,160.	940.		166.	1,106.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT						21,414.			6,879.	14,535.	14,094.		332.	14,426.
	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		MC17	2,382.				2,382.	2,382.		0.	2,382.
103	BRANDED TENTS	05/07/21	SL	7.00		16	32,696.				32,696.	6,617.		4,671.	11,288.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT						38,668.				38,668.	12,589.		4,671.	17,260.
	BUILDING														
9	TIMESHARE	12/30/94	SL	27.50		MM16	20,600.				20,600.	20,600.		0.	20,600.
10	TIME SHARE	09/18/99	SL	27.50		MM16	10,000.				10,000.	8,400.		364.	8,764.
	* 990 PAGE 10 TOTAL - BUILDING						30,600.				30,600.	29,000.		364.	29,364.
	TRANSPORTATION EQUIPMENT														
69	UTILITY TRAILER	07/02/09	200DB	5.00		MC17	3,465.			1,733.	1,732.	1,732.		0.	1,732.
87	2012 STARCRAFT ALLSTAR	02/06/12	200DB	5.00		HY17	52,473.			26,236.	26,237.	26,237.		0.	26,237.



2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
104	UTILITY TRAILER	06/03/22	SL	5.00		16	13,595.				13,595.	906.		2,719.	3,625.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT						69,533.			27,969.	41,564.	28,875.		2,719.	31,594.
	LEASEHOLD IMPROVEMENTS														
85	NETWORK CABLING	01/31/11	SL	15.00	HY	17	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						752,913.			48,854.	704,059.	172,749.		35,650.	208,399.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						700,913.			48,854.	652,059.	172,749.			208,399.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						375,604.			10,201.	365,403.	30,478.			30,478.
	ENDING BALANCE						325,309.			38,653.	286,656.	142,271.			177,921.
	ENDING ACCUM DEPR LESS DISPOSITIONS											216,574.			
	ENDING BOOK VALUE											108,735.			

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**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	1,080,000.
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	2,700,000.
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 2021 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 2023. 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	35,650.

**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 2022	17	
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 2022 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 2022 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	35,650.
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? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

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 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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.

Table with 2 columns: Yes, No. Includes rows 37-41.

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 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. Includes rows 42-44.

2022 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	(D)LAND	123009	L			334,925.			334,925.			0.
105	MEMBERSHIP PORTAL - NEW START MOBILE LL	100123	SL	5.00	16	52,000.			52,000.			0.
48	COMPUTER EQUIPMENT (D)ADOBE ACROBAT SOFTWARE	021207	SL	3.00	16	1,485.			1,485.	1,485.		0.
49	(D)SOFTWARE	072207	SL	3.00	16	612.			612.	612.		0.
53	(D)ADOBE INDESIGN CS3	030208	SL	3.00	16	695.		348.	347.	347.		0.
54	(D)LICENSES FOR SIMULATENOUS DATABA	041608	SL	3.00	16	1,936.		968.	968.	968.		0.
62	(D)MICROSOFT OFFICE PROFESSIONAL	091708	SL	3.00	16	500.		250.	250.	250.		0.
63	(D)ADOBE PHOTOSHOP	092208	SL	3.00	16	694.		347.	347.	348.		0.
72	(D)2 SERVERS FOR EMAIL SERVER: INTEL	061810	200DB	5.00	17	8,600.		4,300.	4,300.	4,300.		0.
73	(D)WINDOWS 7 UPGRADE LICENSE (15	061810	SL	3.00	16	2,385.		1,193.	1,192.	1,192.		0.
75	(D)USED IBM RACK MOUNT SERVER W/ DUA	081010	200DB	5.00	17	500.		250.	250.	250.		0.
76	NEW RACK MOUNT DE11 17" LCD KVM MONITOR	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	(D)2 LENOVO CARBON S1, 17 W/TOUCH SCRE	090315	200DB	5.00	17	2,840.			2,840.	2,840.		0.
93	(D)2 SERVERS, BUFFALO BACKUP SERV	090316	SL	5.00	16	7,500.			7,500.	7,500.		0.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU	100316	SL	5.00	16	12,820.			12,820.	12,820.		0.

2022 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
95	CABLING PATCH PANEL CONFIG, LINE MOVING	011017	SL	5.00	16	8,200.			8,200.	8,200.		0.
96	(D)BUFFALO BACKUP SERVER 16 TB NAS RA	100316	SL	5.00	16	1,812.			1,812.	1,812.		0.
97	(D)2 POWER BACKUPS/APC POWER B	100316	SL	5.00	16	3,470.			3,470.	3,470.		0.
98	(D)BARRACUDE SPAM FILTER AND 1 YEAR S	011017	SL	5.00	16	1,138.			1,138.	1,138.		0.
101	WEBSITE REDSIGN	063021	SL	5.00	16	87,593.			87,593.	23,359.		17,519.
102	DATABASE BUILD	091321	SL	5.00	16	50,225.			50,225.	10,882.		10,045.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMEN					199,973.		8,206.	191,767.	88,191.		27,564.
	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	(D)EOS DIGITAL REBEL XTI CAMERA	102707	200DB	5.00	17	913.			913.	912.		0.
52	(D)HP LASERJET 550 DTN PRINTER	011208	200DB	5.00	17	4,340.		2,170.	2,170.	2,170.		0.
64	(D)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 ADDITIONA	081010	200DB	5.00	17	478.		239.	239.	239.		0.

2022 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
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT	081010	200DB	5.00	17	600.		300.	300.	300.		0.
89	2 VOIP PHONES & POWER SUPPLY	080114	200DB	7.00	17	1,012.			1,012.	1,012.		0.
91	(D)FRIGIDAIRE 180 CU FT TOP FREEZER R	093015	200DB	7.00	17	509.			509.	509.		0.
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	16	1,160.			1,160.	940.		166.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	7.00	16	1,160.			1,160.	940.		166.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT					21,414.		6,879.	14,535.	14,094.		332.
	SPORTS EQUIPMENT											
29	GOLF CART ATLAS	072006	SL	7.00	16	3,590.			3,590.	3,590.		0.
92	10X10 MIGHTY TENT 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.	6,617.		4,671.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT					38,668.		0.	38,668.	12,589.		4,671.
	BUILDING											
9	TIMESHARE	123094	SL	27.50	16	20,600.			20,600.	20,600.		0.
10	TIME SHARE	091899	SL	27.50	16	10,000.			10,000.	8,400.		364.
	* 990 PAGE 10 TOTAL - BUILDING					30,600.		0.	30,600.	29,000.		364.
	TRANSPORTATION EQUIPMENT											
69	UTILITY TRAILER	070209	200DB	5.00	17	3,465.		1,733.	1,732.	1,732.		0.
87	2012 STARCRAFT ALLSTAR	020612	200DB	5.00	17	52,473.		26,236.	26,237.	26,237.		0.

2022 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
104	UTILITY TRAILER	060322	SL	5.00	16	13,595.			13,595.	906.		2,719.
	* 990 PAGE 10 TOTAL											
	- TRANSPORTATION EQ					69,533.		27,969.	41,564.	28,875.		2,719.
	LEASEHOLD IMPROVEMENTS											
85	NETWORK CABLING	013111	SL	15.00	17	5,800.		5,800.				0.
	* 990 PAGE 10 TOTAL											
	- LEASEHOLD IMPROVE					5,800.		5,800.	0.	0.		0.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					752,913.		48,854.	704,059.	172,749.		35,650.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					700,913.		48,854.	652,059.	172,749.		
	ACQUISITIONS					0.		0.	0.	0.		
	DISPOSITIONS					375,604.		10,201.	365,403.	30,478.		
	ENDING BALANCE					325,309.		38,653.	286,656.	142,271.		

2023 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
105	MEMBERSHIP PORTAL - NEW START MOBILE LLC	100123	SL	5.00	52,000.		52,000.		10,400.
76	COMPUTER EQUIPMENT NEW RACK MOUNT DE11 17" LCD KVM 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.
88	CISCO 500 SERIES NETWORK SWITCH, WIRELESS ACCESS POINT & 3 YR WARRANTY	080114	200DB	5.00	2,369.		2,369.	2,369.	0.
94	2 SERVERS: 2 X INTEL DUAL XEON CPU CABLING PATCH PANEL CONFIG, LINE	100316	SL	5.00	12,820.		12,820.	12,820.	0.
95	MOVING	011017	SL	5.00	8,200.		8,200.	8,200.	0.
101	WEBSITE REDSIGN	063021	SL	5.00	87,593.		87,593.	40,878.	17,519.
102	DATABASE BUILD	091321	SL	5.00	50,225.		50,225.	20,927.	10,045.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPMENT				165,806.	550.	165,256.	89,243.	27,564.
18	OFFICE EQUIPMENT 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.
80	CISCO UC520 PHONE SYSTEM/VOIP SYSTEM + 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.
82	CISCO 7971G-GE IP PHONES (2 ADDITIONAL)	081010	200DB	5.00	478.	239.	239.	239.	0.
83	CISCO 7971G-GE IP PHONES (ADJUSTMENT 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.
99	3 MODULAR WORK STATIONS (1 OF 2)	011717	SL	7.00	1,160.		1,160.	1,106.	54.
100	3 MODULAR WORK STATIONS (2 OF 2)	020317	SL	7.00	1,160.		1,160.	1,106.	54.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT				14,902.	4,334.	10,568.	10,460.	108.
	SPORTS EQUIPMENT								

(D) - Asset disposed

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



2023 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
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.	11,288.	4,671.
	* 990 PAGE 10 TOTAL - SPORTS EQUIPMENT				38,668.		38,668.	17,260.	4,671.
	BUILDING								
9	TIMESHARE	123094	SL	27.50	20,600.		20,600.	20,600.	0.
10	TIME SHARE	091899	SL	27.50	10,000.		10,000.	8,764.	364.
	* 990 PAGE 10 TOTAL - BUILDING				30,600.		30,600.	29,364.	364.
	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.
104	UTILITY TRAILER	060322	SL	5.00	13,595.		13,595.	3,625.	2,719.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT				69,533.	27,969.	41,564.	31,594.	2,719.
	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				377,309.	38,653.	338,656.	177,921.	45,826.

(D) - Asset disposed

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