

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 02-21-2018, and ending 12-31-2018

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

C Name of organization
MARCH FOR OUR LIVES ACTION FUND

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 8929

City or town, state or province, country, and ZIP or foreign postal code
CORAL SPRINGS, FL 33075

D Employer identification number
82-4535615

E Telephone number
(202) 618-5012

G Gross receipts \$ 18,693,498

F Name and address of principal officer
NINA VINIK
PO BOX 8929
CORAL SPRINGS, FL 33075

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

I Tax-exempt status 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW MARCHFOROURLIVES COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2018

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE PART III, LINE 1

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

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	6
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	11
6 Total number of volunteers (estimate if necessary)	2,500
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		17,879,150
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		814,348
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,693,498

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,228,874
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		207,482
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,065		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,875,566
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		16,311,922
19 Revenue less expenses Subtract line 18 from line 12		2,381,576

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		2,381,576
21 Total liabilities (Part X, line 26)		0
22 Net assets or fund balances Subtract line 21 from line 20		2,381,576

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-11-15

NINA VINIK CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00288314
Firm's name ▶ GELMAN ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008		Phone no (301) 951-9090	
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

MARCH FOR OUR LIVES'(MFOL) MISSION IS TO HARNESS THE POWER OF YOUNG PEOPLE ACROSS THE COUNTRY TO FIGHT FOR SENSIBLE GUN VIOLENCE PREVENTION POLICIES THAT SAVE LIVES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 7,840,301 including grants of \$ 451,110) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 4,050,715 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 3,758,748 including grants of \$ 1,732,980) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 55,408 including grants of \$ 44,784) (Revenue \$)
NATIONAL STUDENT CHAPTER DEVELOPMENT

4d Other program services (Describe in Schedule O)
(Expenses \$ 55,408 including grants of \$ 44,784) (Revenue \$)

4e Total program service expenses ▶ 15,705,172

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 23-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	11		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		Yes	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NM, NY, OR, RI, SC, TN, UT, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NINA VINIK CHAIR	20 00	X		X				0	0	0
(2) MELISSA AUCHARD-SCHOLZ VICE CHAIR	20 00	X		X				0	0	0
(3) VERNETTA WALKER SECRETARY	20 00	X		X				0	0	0
(4) JERI RHODES TREASURER	20 00	X		X				0	0	0
(5) AILEEN ADAMS BOARD MEMBER	5 00	X						0	0	0
(6) GEORGE KIEFFER BOARD MEMBER (THROUGH 08/18)	5 00	X						0	0	0
(7) JACLYN CORIN DIRECTOR OF STUDENT CHAPTER DEV'L	40 00	X					10,200	0	0	0
(8) DAVID HOGG STUDENT BOARD MEMBER	40 00	X					0	0	0	0
(9) MATT DEITSCH DIRECTOR OF STRATEGY	40 00	X					49,000	0	0	0

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Section A: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

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 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like HARBINGER LLC and SOZE PRODUCTIONS INC.

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 10

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 9 Total.

Main revenue table with 5 main columns. Rows include 3-5 (Investment income, etc.), 6a-6d (Rental income), 7a-7d (Sales of assets), 8a-8c (Fundraising events), 9a-9c (Gaming activities), 10a-10c (Inventory sales), 11a-11d (Miscellaneous Revenue), and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,228,874	2,228,874		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	59,200	59,200		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	129,988	78,065	51,923	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	18,294	15,333	2,961	
11 Fees for services (non-employees)				
a Management				
b Legal	932,845	635,560	297,285	
c Accounting	45,100		45,100	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,918	3,351	1,567	
12 Advertising and promotion.	126,331	126,331		
13 Office expenses.	86,826	42,709	44,117	
14 Information technology.	802,765	738,176	64,589	
15 Royalties.				
16 Occupancy.	51,031		51,031	
17 Travel.	1,607,033	1,607,033		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	23,252	23,252		
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	279,621	239,899	39,722	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION EXPENSES	5,997,796	5,997,796		
b SECURITY	1,766,119	1,766,119		
c LOGISTICS	1,602,735	1,602,735		
d VOTER REG. ACTIVITIES	243,198	243,198		
e All other expenses	305,996	297,541	2,390	6,065
25 Total functional expenses. Add lines 1 through 24e.	16,311,922	15,705,172	600,685	6,065
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	2,265,018
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	111,558
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	5,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	0	16	2,381,576	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	2,381,576
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	0	33	2,381,576	
34 Total liabilities and net assets/fund balances	0	34	2,381,576	

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	18,693,498
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,311,922
3	Revenue less expenses Subtract line 2 from line 1	3	2,381,576
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,381,576

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	Yes	
2b		No
2c		No
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 82-4535615

Name: MARCH FOR OUR LIVES ACTION FUND

Form 990 (2018)

Form 990, Part III, Line 4a:

FOLLOWING THE TRAGEDY IN PARKLAND FL IN FEBRUARY 2018, MFOL'S STUDENT LEADERS ORGANIZED AND PRODUCED THE HISTORIC MARCH FOR OUR LIVES AS A NATIONAL CALL TO ACTION TO END GUN VIOLENCE ON MARCH 24, 2018, 800,000+ PEOPLE MARCHED ON THE NATIONAL MALL IN WASHINGTON, D C --ALONGSIDE THE MILLIONS AROUND THE WORLD WHO TOOK PART IN 800 SIBLING MARCHES

Form 990, Part III, Line 4b:

IN THE SUMMER OF 2018, MFOL STUDENTS LED THE ROAD TO CHANGE TOUR. THEY TRAVELED BY BUS TO OVER 24 STATES IN 60 DAYS - AND TO EVERY CONGRESSIONAL DISTRICT IN FLORIDA- TO GET YOUNG PEOPLE EDUCATED, REGISTERED, AND MOTIVATED TO VOTE. AT EACH STOP, WE HELD TOWN HALL FORUMS OR RALLIES TO START CONVERSATIONS ABOUT ENDING GUN VIOLENCE AND TO ENCOURAGE LOCAL ACTIVISM. ALONG THE WAY, AND INTO THE FALL LEADING UP TO THE MIDTERM ELECTIONS, MFOL REGISTERED THOUSANDS OF VOTERS THROUGH NATIONAL AND COMMUNITY PARTNERS. OUR ACTIVISM DROVE THE HIGHEST LEVEL OF YOUTH VOTER TURNOUT IN OVER 25 YEARS.

Form 990, Part III, Line 4c:

MFOL'S ADVOCACY EFFORTS PUT GUN POLICY AS ONE OF THE TOP FOUR ISSUES VOTERS CARED ABOUT IN 2018. WE LAUNCHED OUR CHAPTER NETWORK TO CREATE AN INFRASTRUCTURE FOR YOUTH ACTIVISM AND GUN VIOLENCE PREVENTION ADVOCACY FOR YEARS TO COME. OUR GRASSROOTS NETWORK ALLOWS MORE YOUTH TO TAKE ON A BIGGER ROLE IN OUR MOVEMENT AND IN THE POLITICAL PROCESS, AND IT PROVIDES OPPORTUNITIES FOR YOUNG PEOPLE TO CREATE CHANGE AT ALL LEVELS. ON THE LEGISLATIVE FRONT, OUR STUDENT-LED POLICY TEAM'S EFFORTS WERE INSTRUMENTAL IN ENSURING THE PASSAGE OF OVER 50 NEW PIECES OF GUN VIOLENCE LEGISLATION, AT THE STATE AND FEDERAL LEVELS, INCLUDING HOUSE BILL H R 8.

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization MARCH FOR OUR LIVES ACTION FUND

Employer identification number 82-4535615

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18
3 Enter total number of other organizations listed in the line 1 table 3

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	MOST OF THE GRANTS REPORTED HERE WERE MADE TO COMMUNITY-BASED AND YOUTH-FOCUSED 501(C)(3) CHARITIES. THE PURPOSE OF THESE "TRAVEL GRANTS" WAS TO MAKE IT POSSIBLE FOR YOUNG PEOPLE FROM COMMUNITIES THAT ARE AFFECTED BY GUN VIOLENCE TO TRAVEL TO THE MARCH FOR OUR LIVES IN WASHINGTON, D C. ORGANIZATIONS WERE REQUIRED TO APPLY FOR FUNDING, WHICH COVERED TRAVEL/MEALS/LODGING FOR GROUPS OF STUDENTS AND CHAPERONES. MFOL ADVISORS CONFIRMED 501(C)(3) STATUS AND CONDUCTED DUE DILIGENCE BEFORE ISSUING GRANTS. OTHER GRANTS WERE MADE IN CONNECTION WITH THE STUDENT LEADERS' ROAD TO CHANGE TOUR, TO SUPPORT YOUTH-LED AND COMMUNITY-BASED ORGANIZATIONS FOCUSED ON ENDING GUN VIOLENCE. THE ORGANIZATION ALSO MADE GRANTS TO 501(C)(3) ORGANIZATIONS TO SUPPORT VOTER REGISTRATION PROGRAMS.

Additional Data

Software ID:
Software Version:
EIN: 82-4535615
Name: MARCH FOR OUR LIVES ACTION FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2ND MILE MINISTRIES INC 1650 MARGARET ST STE 302 339 JACKSONVILLE, FL 32204	73-1715604	501(C)(3)	12,440				TRAVEL GRANT
BROWARD EDUCATION FOUNDATION 600 SE THIRD AVE FT LAUDERDALE, FL 33301	59-2359433	501(C)(3)	1,732,980				SUPPORT FOR VICTIM AND COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA CENTER 1220 H STREET 102 SACRAMENTO, CA 95814	23-7182049	501(C)(3)	10,500				TRAVEL GRANT
CENTER FOR AMERICAN PROGRESS 1333 H ST NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	13,079				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO URBAN LEAGUE 4510 SOUTH MICHGAN AVE CHICAGO, IL 60653	36-2225483	501(C)(3)	15,000				TRAVEL GRANT
COLLEGIATE ACADEMIES 7301 DWYER RD NEW ORLEANS, LA 70126	80-0601507	501(C)(3)	20,237				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST OAKLAND YOUTH DEVELOPMENT ORGANIZATION 8200 INTERNATIONAL BLVD OAKLAND, CA 94621	23-7334590	501(C)(3)	18,000				TRAVEL GRANT
INSPIRE NOLA CHARTER SCHOOLS 3520 GENERAL DEGAULLE DR STE 4040 NEW ORLEANS, LA 70114	46-0675150	501(C)(3)	31,790				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CAMPS INC 111-12 SUTPHIN BLVD JAMAICA, NY 11435	20-0814999	501(C)(3)	25,234				TRAVEL GRANT
NATIONAL URBAN LEAGUE 80 PINE ST 9TH FLOOR NEW YORK, NY 10005	13-1840489	501(C)(3)	100,000				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWTOWN FOUNDATION PO BOX 3325 NEWTOWN, CT 06470	46-2483740	501(C)(3)	16,500				TRAVEL GRANT
PARKWAY CENTER CITY MIDDLE COLLEGE 440 NORTH BROAD ST PHILADELPHIA, PA 19130	23-6004102	OTHER	8,500				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIX LEADERSHIP FOUNDATION 44 BROAD ST NW STE 708 ATLANTA, GA 30303	47-4596702	OTHER	6,500				TRAVEL GRANT
PICO NATIONAL NETWORK 999 NORTH CAPITOL ST NE STE 200 WASHINGTON, DC 20002	94-2206497	501(C)(3)	50,000				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RYSE INC 205 41ST ST RICHMOND, CA 94805	26-0692904	501(C)(3)	10,000				TRAVEL GRANT
SOWING THE SEEDS INTO THE MIDLANDS 2111 LADY ST STE A COLUMBIA, SC 29204	46-4771636	501(C)(3)	10,000				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BLACK COMMISSION INC 309 E 5TH ST JACKSONVILLE, FL 32206	81-4393370	501(C)(3)	8,500				TRAVEL GRANT
THE RESOURCE ROOM INC 19715 NW 37TH AVE MIAMI GARDENS, FL 33056	65-1110424	501(C)(3)	19,950				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VILLE CHURCH 221 N HOGAN ST 502 JACKSONVILLE, FL 32202	90-0871982	501(C)(3)	6,400				TRAVEL GRANT
URBAN GEOPONICS INC 1507 W 16TH ST JACKSONVILLE, FL 32202	46-2265009	501(C)(3)	8,635				TRAVEL GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US AND OUR CHILDREN 1019 ASHTON COVE TERRACE JACKSONVILLE, FL 32218	06-1690984	OTHER	10,080				TRAVEL GRANT

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

MARCH FOR OUR LIVES ACTION FUND

Employer identification number

82-4535615

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION WAS FORMED WITH A PARALLEL STUDENT GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE STUDENT GOVERNING BODY HAS THE RIGHT TO ELECT STUDENT MEMBERS TO THE BOARD STUDENT MEMBERS HAVE VOTING RIGHTS ON ALL BOARD VOTES, EXCEPT ON MATTERS OF COMPENSATION OF OTHER STUDENT BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT A COMPLETE COPY OF THE RETURN WAS PROVIDED TO THE BOARD BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 12C</p>	<p>THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALLY TO ALL INCUMBENT AND INCOMING DIRECTORS AND OFFICERS OF THE CORPORATION EACH DIRECTOR AND OFFICER ANNUALLY SIG NS A STATEMENT THAT AFFIRMS THAT HE OR SHE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY EACH DIRECTOR AND OFFIC ER ANNUALLY FILES A STATEMENT WITH THE BOARD FOR DIRECTORS THAT LISTS (1) ANY OUTSIDE EMP LOYMENT OR CONSULTING WORK THAT COULD CONSTITUTE A CONFLICT, AND (2) ANY BOARD MEMBERSHIP OR AFFILIATION WITH OTHER ORGANIZATIONS THAT COULD CONSTITUTE A CONFLICT EACH DIRECTOR AN D OFFICER ALSO LISTS HIS OR HER INVESTMENTS IN ANY CORPORATION, PARTNERSHIP, TRUST, OR FUN D IN WHICH HE OR SHE, TOGETHER WITH MEMBERS OF HIS OR HER FAMILY, HAS DIRECTLY OR INDIRECT LY A GREATER THAN 35% OWNERSHIP INTEREST, REGARDLESS OF WHETHER SUCH INVESTMENTS COULD CON STITUTE A CONFLICT 1 ALL MATERIAL FACTS CONCERNING ANY SITUATION THAT MIGHT BE VIEWED AS A CONFLICT ARE DISCLOSED TO THE BOARD OF DIRECTORS BY THE DIRECTOR OR OFFICER CONCERNED WHERE DOUBT EXISTS REGARDING WHETHER A CONFLICT EXISTS OR APPEARS TO EXIST, THE MATTER IS RESOLVED BY THE BOARD OF DIRECTORS 2 IN ORDER TO ASSURE THAT PERSONS WHO HAVE A CONFLICT OF INTEREST DO NOT HAVE INFLUENCE OVER THE CORPORATION REGARDING BUSINESS TRANSACTIONS IN VOLVING THEMSELVES, NO DIRECTOR OR OFFICER MAY BE PRESENT FOR A VOTE BY THE BOARD OF DIREC TORS ON ANY DECISION OR ACTION BY THE CORPORATION WHICH WOULD DIRECTLY OR INDIRECTLY BENEF ITS SUCH DIRECTOR OR OFFICER THE DIRECTOR OR OFFICER MAY, HOWEVER, ANSWER QUESTIONS OR RE SPOND TO REQUESTS, AT A MEETING OR OTHERWISE, FOR FACTUAL INFORMATION NEEDED FOR THE BOARD OF DIRECTORS TO MAKE AN INFORMED DECISION 3 THE BOARD OF DIRECTORS WILL NOT APPROVE ANY TRANSACTION TO WHICH THE CORPORATION WOULD BE A PARTY AND IN WHICH A DIRECTOR OR OFFICER OF THE CORPORATION HAS A MATERIAL FINANCIAL INTEREST UNLESS AND UNTIL THE BOARD OF DIRECTO RS HAS SPECIFICALLY AND IN GOOD FAITH DETERMINED AFTER REASONABLE INVESTIGATION (INCLUDING A REVIEW OF THE TERMS UPON WHICH OTHER COMPARABLE ORGANIZATIONS ENTER TRANSACTIONS OR ARR ANGEMENTS SIMILAR TO THE ONE UNDER CONSIDERATION) THAT A THE BOARD IS AWARE OF ALL MATER IAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR OR OFFICER'S INTEREST IN THE TRANSA CTION, B THE CORPORATION IS ENTERING INTO THE TRANSACTION FOR ITS OWN BENEFIT, C THE TRAN SACTION IS FAIR AND REASONABLE AS TO THE CORPORATION, AND D THE CORPORATION COULD NOT HAV E OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES FORM 990, PART VI, SECTION B, LINE 14 THE ORGANIZATION INTENDS TO IMPLEMENT A WRITTEN DO CUMENT RETENTION AND DESTRUCTION POLICY IN THE UPCOMING FISCAL YEAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE ORGANIZATION DID NOT HAVE A CEO OR EXECUTIVE DIRECTOR IN 2018. COMPENSATION PAID TO THE MOST SENIOR EMPLOYEE, DIRECTOR OF STRATEGY, WAS DETERMINED AND APPROVED BY THE BOARD IN ACCORDANCE WITH THE "REBUTTABLE PRESUMPTION PROCEDURES PRESCRIBED IN THE REGULATIONS UNDER IRC SECTION 4958.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH FOR OUR LIVES ACTION FUND

Employer identification number

82-4535615

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SEE PART VII PO BOX 8929 CORAL SPRINGS, FL 33075	OFFICE SPACE RENTAL	DE	0	0	MARCH FOR OUR LIVES ACTION FUND

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

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

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE R, PART I	IN 2018, MFOL ACTION FUND FORMED A SINGLE-MEMBER DISREGARDED LLC FOR THE SOLE PURPOSE OF ENTERING INTO A LEASE FOR OFFICE SPACE UNFORTUNATELY, THIS WAS NECESSARY BECAUSE MFOL STUDENT LEADERS RECEIVED NUMEROUS THREATS TO THEIR SECURITY, ASSESSED AS CREDIBLE BY LAW ENFORCEMENT AND PRIVATE SECURITY CONSULTANTS, INCLUDING AT A PREVIOUS OFFICE LOCATION ONCE THE ADDRESS WAS DISCLOSED IN ORDER TO PROTECT THEIR SECURITY, AND TO MINIMIZE RISK OF DISRUPTION IN THE OFFICE BUILDING, THE LEASE AND ALL SIGNAGE IS IN THE NAME OF THE LLC THE LLC HAS NO REVENUE, EXPENDITURES, OR OTHER ACTIVITY, AND ITS NAME IS BEING PROTECTED TO ENSURE THE SAFETY OF MFOL ACTION FUND'S STUDENT LEADERS, EMPLOYEES, AND VISITORS TO OUR OFFICE

2019-2020 Schedule Form 990