

990

Form

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 foundation): 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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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)  
PO BOX 3417

Room/suite

City or town, state or province, country, and ZIP or foreign postal code  
NEW YORK, NY 10008

F Name and address of principal officer:  
ALEXIS CONFER  
PO BOX 3417  
NEW YORK, NY 10008

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 ▶

D Employer identification number  
82-4535615

E Telephone number  
(609) 876-1234

G Gross receipts \$ 4,064,602

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

J Website: ▶ MARCHFOROURLIVES.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2018

M State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
TO ORGANIZE A MARCH IN WASHINGTON, D.C. FOCUSED ON ENDING GUN VIOLENCE IN SCHOOLS; AND TO EDUCATE THE PUBLIC ABOUT GUN VIOLENCE IN THE UNITED STATES AND ADVOCATE TO END TO GUN VIOLENCE AND MASS SHOOTINGS ON SCHOOL CAMPUSES.

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)             | 9     |
| 4  | Number of independent voting members of the governing body (Part VI, line 1b) | 9     |
| 5  | Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | 40    |
| 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 39                | 0     |

Revenue

|    | Prior Year                                                                       | Current Year |
|----|----------------------------------------------------------------------------------|--------------|
| 8  | Contributions and grants (Part VIII, line 1h)                                    | 5,166,759    |
| 9  | Program service revenue (Part VIII, line 2g)                                     | 4,007,495    |
| 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)         | 0            |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 20,507       |
| 12 |                                                                                  | 5,166,759    |
| 12 |                                                                                  | 4,064,602    |

Expenses

|     |                                                                                   |           |           |
|-----|-----------------------------------------------------------------------------------|-----------|-----------|
| 13  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 100,428   | 48,726    |
| 14  | Benefits paid to or for members (Part IX, column (A), line 4)                     | 0         | 0         |
| 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 666,057   | 1,309,958 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e)                     | 0         | 0         |
| b   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 374,034               |           |           |
| 17  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 3,650,693 | 3,568,646 |
| 18  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 4,417,178 | 4,927,330 |
| 19  | Revenue less expenses. Subtract line 18 from line 12                              | 749,581   | -862,728  |

Net Assets or Fund Balances

|    | Beginning of Current Year                                  | End of Year |           |
|----|------------------------------------------------------------|-------------|-----------|
| 20 | Total assets (Part X, line 16)                             | 3,098,187   | 2,246,038 |
| 21 | Total liabilities (Part X, line 26)                        | 122,710     | 133,289   |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,975,477   | 2,112,749 |

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

ALEXIS CONFER EXECUTIVE DIRECTOR

Type or print name and title

2021-11-11

Date

Paid Preparer Use Only

|                                                                    |                          |      |                                                 |                |
|--------------------------------------------------------------------|--------------------------|------|-------------------------------------------------|----------------|
| Print/Type preparer's name                                         | Preparer's signature     | Date | Check <input type="checkbox"/> if self-employed | PTIN P00090755 |
| Firm's name ▶ WEGNER CPAS LLP                                      | Firm's EIN ▶ 39-0974031  |      |                                                 |                |
| Firm's address ▶ 2921 LANDMARK PL STE 300<br>MADISON, WI 537134236 | Phone no. (608) 274-4020 |      |                                                 |                |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

**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:

TO HARNESS THE POWER OF YOUNG PEOPLE ACROSS THE COUNTRY TO END ALL FORMS OF GUN VIOLENCE--NOT JUST MASS SHOOTINGS, BUT EVERYDAY GUN VIOLENCE, POLICE VIOLENCE AND MORE.

**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 \$ **1,809,538** including grants of \$ **47,036** ) (Revenue \$ **2,250** )  
CHAPTER AND MOVEMENT BUILDING: 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 TO CREATE CHANGE AT ALL LEVELS. MFOL'S 250+ CHAPTERS ARE WORKING TO CREATE CHANGE IN THEIR COMMUNITIES. CHAPTERS REGISTER VOTERS, LOBBY STATE LEGISLATURES, ORGANIZE TOWN HALLS AND RALLIES, AND MORE. WE ARE INVESTING IN OUR CHAPTERS WITH DEDICATED STAFF AND TRAINING THROUGHOUT THE YEAR AND THROUGH RIGOROUS TRAINING PROGRAMS. IN 2020 AND BEYOND, OUR YOUNG PEOPLE WERE AND ARE OUR ENGINE TO REGISTER YOUNG VOTERS AND MOBILIZE YOUTH VOTER TURNOUT .

**4b** (Code: ) (Expenses \$ **604,155** including grants of \$ **0** ) (Revenue \$ **0** )  
ARTISTIC ACTIVISM "ARTIVISM": WE BELIEVE THAT WE NEED TO FUNDAMENTALLY SHIFT AMERICA'S RELATIONSHIP WITH GUNS, AND ART IS ONE OF OUR MOST POWERFUL WAYS TO BREAK THROUGH. OUR ARTISTIC PROJECTS BRING YOUNG PEOPLE INTO OUR MOVEMENT WHO MIGHT NOT SEE THEMSELVES AS TRADITIONAL ACTIVISTS, BUT WHO HAVE AN ESSENTIAL ROLE TO PLAY IN OUR FIGHT TO SAVE LIVES. MARCH FOR OUR LIVES NOT ONLY CREATES OUR OWN ART INSTALLATIONS, BUT WE ALSO PARTNER WITH IMPORTANT ORGANIZATIONS LIKE CHANGE THE REF, AN ORGANIZATION STARTED BY MANUEL AND PATRICIA OLIVER WHO LOST THEIR SON JOAQUIN IN THE PARKLAND SCHOOL SHOOTING, TO CREATE ART ON LOSS AND GUN VIOLENCE THROUGHOUT THE COUNTRY.

**4c** (Code: ) (Expenses \$ **472,763** including grants of \$ **1,690** ) (Revenue \$ **0** )  
LOBBYING AND LEGISLATION: WE WORK WITH MEMBERS OF CONGRESS AND STATE LEGISLATURES TO PUSH FOR LIFE-SAVING LAWS. WE TESTIFY BEFORE CONGRESS. WE PACK HEARING ROOMS FOR BILL MARKUPS. WE DIRECT THOUSANDS OF CALLS AND EMAILS TO ELECTED OFFICIALS. AND OUR STUDENT POLICY TEAM IN D.C. HAS FORMED CLOSE RELATIONSHIPS WITH CONGRESSIONAL LEADERSHIP. BY LAUNCHING THE PEACE PLAN, OUR GROUNDBREAKING POLICY PLATFORM, WE'RE NOT JUST ANOTHER VOICE IN THE LEGISLATIVE CONVERSATION - WE'RE DRIVING IT FORWARD.

(Code: ) (Expenses \$ **568,910** including grants of \$ **0** ) (Revenue \$ **34,350** )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ **568,910** including grants of \$ ) (Revenue \$ **34,350** )

**4e** **Total program service expenses** **3,455,366**

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                                                          | Yes            | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                                                                                     | <b>1</b>       | No |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                            | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .                                                                                                                                                                                  | <b>3</b>       | No |
| <b>4 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? If "Yes," complete Schedule C, Part II . . . . .                                                                                                                                                                          | <b>4</b>       |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                           | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                         | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                               | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                              | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                                                                                                 | <b>10</b>      | No |
| <b>11</b> 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.                                                                                                                                                                                                                                |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                           | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                          | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                          | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                         | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                         | <b>11e</b>     | No |
| <b>f</b> 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)?                                                                                                                                                                        | <b>11f</b> Yes |    |
| <b>12a</b> If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                    | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                            | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                              | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                                                                                         | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                                                                       | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                                                                                                       | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .                                                                                                                                                                 | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                                                                                                                                        | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                                                                                                                                       | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                                                                                                                                                 | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                                                                                         | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                    | <b>20b</b>     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                                                                  | <b>21</b> Yes  |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .                                                                                                                                                                                                                                | 22  | No  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                                                                                                                                                                     | 23  | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .                                                                                                                                           | 24a | No  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                                                                                                                          | 24b |     |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                                                               | 24c |     |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                                                            | 24d |     |
| 25a | <b>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? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                                                                        | 25a | No  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                                                                                | 25b | No  |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?                                                                                                                                                 | 26  | No  |
| 27  | If "Yes," complete Schedule L, Part I. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | 27  | No  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                                                                      |     |     |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                     | 28a | No  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                                                          | 28b | No  |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                            | 28c | No  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .                                                                                                                                                                                                                                                                                                                   | 29  | No  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?                                                                                                                                                                                                                                                                                         | 30  | No  |
| 31  | If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                                                                                                                  | 31  | No  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                                                                     | 32  | No  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?                                                                                                                                                                                                                                                                                     | 33  | Yes |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .                                                                                                                                                                                                                                                                                 | 34  | No  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                            | 35a | No  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                        | 35b |     |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                                                          | 36  |     |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                                                                                                      | 37  | No  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                                                       | 38  | Yes |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|    |                                                                                                                                                                    | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                       | 1a  | 79 |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | 1b  | 0  |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)                                                                                                                                                                         |  |            |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----|
| <b>2a</b> 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 . . . . .                                                    |  | <b>2a</b>  | 40  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)          |  | <b>2b</b>  | Yes |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .                                                                                                                                      |  | <b>3a</b>  | No  |
| <b>b</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> . . . .                                                                                                                  |  | <b>3b</b>  |     |
| <b>4a</b> 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)? |  | <b>4a</b>  | No  |
| <b>b</b> <del>Enter the name of the foreign country:</del><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                     |  |            |     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                |  | <b>5a</b>  | No  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            |  | <b>5b</b>  | No  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                |  | <b>5c</b>  |     |
| <b>6a</b> 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? . . . .                            |  | <b>6a</b>  | Yes |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                     |  | <b>6b</b>  | Yes |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |  |            |     |
| <b>a</b> 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? . . . . .                                                                                   |  | <b>7a</b>  |     |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                   |  | <b>7b</b>  |     |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                              |  | <b>7c</b>  |     |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                 |  | <b>7d</b>  |     |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             |  | <b>7e</b>  |     |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                |  | <b>7f</b>  |     |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                  |  | <b>7g</b>  |     |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                |  | <b>7h</b>  |     |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     |  |            |     |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |  |            |     |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          |  | <b>9a</b>  |     |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . .                                                                                                                                   |  | <b>9b</b>  |     |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |  |            |     |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                          |  | <b>10a</b> |     |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 |  | <b>10b</b> |     |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |  |            |     |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                         |  | <b>11a</b> |     |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                      |  | <b>11b</b> |     |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                |  |            |     |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                      |  | <b>12b</b> |     |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |  |            |     |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                  |  | <b>13a</b> |     |
| <b>b</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 . . . . .                                                                         |  | <b>13b</b> |     |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                              |  | <b>13c</b> |     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                      |  | <b>14a</b> | No  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . .                                                                                                                    |  | <b>14b</b> |     |
| <b>15</b> 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? . . . . .                                                                       |  | <b>15</b>  | No  |
| <b>16</b> If the organization is subject to the section 4968 excise tax on net investment income? . . . . .                                                                                                                                          |  | <b>16</b>  | No  |
| If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                            |  |            |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                       |                                                                                                                                                                                         |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the states with which a copy of this Form 990 is required to be filed.                                                                                                                                           | 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)s only) available for public inspection. Indicate how you made these available. Check all that apply. | <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.                     |                                                                                                                                                                                         |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records:                                                                                                       | ALEXIS CONFER PO BOX 3417 NEW YORK, NY 10008 (609) 876-1234                                                                                                                             |

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.

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

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

| (A)<br>Name and title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>CHAIR                           | 10.00                                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (2) MELISSA SCHOLZ<br>VICE CHAIR                  | 10.00                                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) VERNETTA WALKER<br>SECRETARY                  | 10.00                                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (4) JERI RHODES<br>TREASURER                      | 10.00                                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) AILEEN ADAMS<br>BOARD MEMBER                  | 10.00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) DAVID HOGG<br>BOARD MEMBER                    | 10.00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 2,500                                                                | 0                                                                         | 0                                                                                             |
| (7) BRIA SMITH<br>BOARD MEMBER                    | 10.00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 5,000                                                                | 0                                                                         | 0                                                                                             |
| (8) KELLY CHOI<br>BOARD MEMBER                    | 10.00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 2,500                                                                | 0                                                                         | 0                                                                                             |
| (9) DAUD MUMIN<br>BOARD MEMBER                    | 10.00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 2,500                                                                | 0                                                                         | 0                                                                                             |
| (10) ARIEL HOBBS<br>BOARD MEMBER (THRU MAY)       | 10.00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 9,100                                                                | 0                                                                         | 0                                                                                             |
| (11) TYAH-AMOY ROBERTS<br>BOARD MEMBER (THRU MAY) | 10.00                                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (12) ALEXIS CONFER<br>EXECUTIVE DIRECTOR          | 40.00                                                                                      |                                                                                                           |                       | X       |              |                              |        | 178,308                                                              | 0                                                                         | 0                                                                                             |
| (13) AMANDA CONLEE<br>DIRECTOR OF OPERATIONS      | 40.00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 133,500                                                              | 0                                                                         | 0                                                                                             |
| (14) NATALIE FALL<br>DEVELOPMENT DIRECTOR         | 40.00                                                                                      |                                                                                                           |                       |         |              | X                            |        | 131,000                                                              | 0                                                                         | 0                                                                                             |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                   |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

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 ▶ 3

## Section B. Independent Contractors

Form **990** (2020)

Part VIII

Statement of Revenue

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

|                                                           |                                                                                                                                          |                |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |        |  |  |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|--------|--|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a Federated campaigns . . .                                                                                                             |                | 1a            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | b Membership dues . . .                                                                                                                  |                | 1b            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | c Fundraising events . . .                                                                                                               |                | 1c            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | d Related organizations                                                                                                                  |                | 1d            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | e Government grants (contributions)                                                                                                      |                | 1e            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                   |                | 1f            | 4,007,495            |                                                    |                                         |                                                                    |        |  |  |
|                                                           | g Noncash contributions included in<br>lines 1a - 1f:\$                                                                                  |                | 1g            | 15,000               |                                                    |                                         |                                                                    |        |  |  |
| h Total. Add lines 1a-1f . . . . .                        |                                                                                                                                          |                |               | 4,007,495            |                                                    |                                         |                                                                    |        |  |  |
| Program Service Revenue                                   | 2a PROGRAM REVENUE                                                                                                                       |                | Business Code |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           |                                                                                                                                          |                | 561000        | 36,600               |                                                    |                                         |                                                                    | 36,600 |  |  |
|                                                           | b                                                                                                                                        |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | c                                                                                                                                        |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | d                                                                                                                                        |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | e                                                                                                                                        |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | f All other program service revenue.                                                                                                     |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
| g Total. Add lines 2a-2f. . . . .                         |                                                                                                                                          |                |               | 36,600               |                                                    |                                         |                                                                    |        |  |  |
| Other Revenue                                             | 3 Investment income (including dividends, interest, and<br>other similar amounts)                                                        |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | 4 Income from investment of tax-exempt bond proceeds                                                                                     |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | 5 Royalties . . . . .                                                                                                                    |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           |                                                                                                                                          | (i) Real       | (ii) Personal |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | 6a Gross rents                                                                                                                           | 6a             |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | b Less: rental<br>expenses                                                                                                               | 6b             |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | c Rental<br>income or<br>(loss)                                                                                                          | 6c             |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | d Net rental income or (loss) . . . . .                                                                                                  |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           |                                                                                                                                          | (i) Securities | (ii) Other    |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | 7a Gross amount<br>from sales of<br>assets other<br>than inventory                                                                       | 7a             |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | b Less: cost or<br>other basis and<br>sales expenses                                                                                     | 7b             |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | c Gain or (loss)                                                                                                                         | 7c             |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | d Net gain or (loss) . . . . .                                                                                                           |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | 8a Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                | 8a            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | b Less: direct expenses                                                                                                                  |                | 8b            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | c Net income or (loss) from fundraising events . . . . .                                                                                 |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | 9a Gross income from gaming<br>activities.<br>See Part IV, line 19 . . . . .                                                             |                | 9a            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | b Less: direct expenses                                                                                                                  |                | 9b            |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | c Net income or (loss) from gaming activities . . . . .                                                                                  |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | 10a Gross sales of inventory, less<br>returns and allowances . . .                                                                       |                | 10a           |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | b Less: cost of goods sold                                                                                                               |                | 10b           |                      |                                                    |                                         |                                                                    |        |  |  |
|                                                           | c Net income or (loss) from sales of inventory . . . . .                                                                                 |                |               | 9,364                |                                                    |                                         | 9,364                                                              |        |  |  |
| Miscellaneous Revenue                                     |                                                                                                                                          | Business Code  |               |                      |                                                    |                                         |                                                                    |        |  |  |
| 11a                                                       |                                                                                                                                          |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
| b                                                         |                                                                                                                                          |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
| c                                                         |                                                                                                                                          |                |               |                      |                                                    |                                         |                                                                    |        |  |  |
| d All other revenue . . . . .                             |                                                                                                                                          |                | 11,143        |                      |                                                    | 11,143                                  |                                                                    |        |  |  |
| e Total. Add lines 11a-11d . . . . .                      |                                                                                                                                          |                | 11,143        |                      |                                                    |                                         |                                                                    |        |  |  |
| 12 Total revenue. See instructions . . . . .              |                                                                                                                                          |                | 4,064,602     | 36,600               | 0                                                  | 20,507                                  |                                                                    |        |  |  |

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

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| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                           | 48,726                | 48,726                          |                                        |                             |
| 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, lines 15 and 16. . . . .                                                                                                |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members . . . . .                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                       | 199,908               | 112,445                         | 49,982                                 | 37,481                      |
| 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 . . . . .                                                                                                                                                                                                       | 999,925               | 519,536                         | 307,563                                | 172,826                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                             |                       |                                 |                                        |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                        | 13,494                |                                 | 13,494                                 |                             |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                 | 96,631                | 48,358                          | 32,185                                 | 16,088                      |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                          | 248,093               | 142,444                         | 102,149                                | 3,500                       |
| c Accounting . . . . .                                                                                                                                                                                                                     | 173,383               |                                 | 173,383                                |                             |
| 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) . . . . .                                                                                                                     | 1,901,702             | 1,699,574                       | 123,142                                | 78,986                      |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                     | 624,505               | 596,957                         | 27,548                                 |                             |
| 13 Office expenses . . . . .                                                                                                                                                                                                               | 84,617                | 16,629                          | 29,613                                 | 38,375                      |
| 14 Information technology . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                     | 102,287               | 49,814                          | 52,473                                 |                             |
| 17 Travel . . . . .                                                                                                                                                                                                                        | 77,568                | 18,506                          | 59,062                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings . . . . .                                                                                                                                                                                        | 61,688                | 2,910                           | 58,778                                 |                             |
| 20 Interest . . . . .                                                                                                                                                                                                                      | 11                    |                                 | 11                                     |                             |
| 21 Payments to affiliates . . . . .                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                     | 2,746                 |                                 | 2,746                                  |                             |
| 23 Insurance . . . . .                                                                                                                                                                                                                     | 158,776               | 80,204                          | 51,883                                 | 26,689                      |
| 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 DIRECT PROGRAM EXPENSES                                                                                                                                                                                                                  | 132,230               | 119,251                         | 12,890                                 | 89                          |
| b DUES AND SUBSCRIPTIONS                                                                                                                                                                                                                   | 1,040                 | 12                              | 1,028                                  |                             |
| c                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| d                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| e All other expenses                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                      | 4,927,330             | 3,455,366                       | 1,097,930                              | 374,034                     |
| 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)<br>Beginning of year |           | (B)<br>End of year |        |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|-----------|--------------------|--------|
| Assets                      | 1                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                                                                                                                  |           | 3,034,299                | 1         | 2,069,747          |        |
|                             | 2                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                                                                                                     |           |                          | 2         |                    |        |
|                             | 3                                                                                                                             | Pledges and grants receivable, net . . . . .                                                                                                                                                                         |           | 16,992                   | 3         | 10,000             |        |
|                             | 4                                                                                                                             | Accounts receivable, net . . . . .                                                                                                                                                                                   |           | 0                        | 4         | 34,350             |        |
|                             | 5                                                                                                                             | 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 . . . . . |           |                          | 5         |                    |        |
|                             | 6                                                                                                                             | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                          |           |                          | 6         |                    |        |
|                             | 7                                                                                                                             | Notes and loans receivable, net . . . . .                                                                                                                                                                            |           |                          | 7         |                    |        |
|                             | 8                                                                                                                             | Inventories for sale or use . . . . .                                                                                                                                                                                |           |                          | 8         |                    |        |
|                             | 9                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                      |           | 30,000                   | 9         | 119,414            |        |
|                             | 10a                                                                                                                           | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                  | 10a       | 16,882                   |           |                    |        |
|                             | b                                                                                                                             | Less: accumulated depreciation                                                                                                                                                                                       | 10b       | 4,355                    | 11,896    | 10c                | 12,527 |
|                             | 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 . . . . .                                                                                                                                                                         |           | 5,000                    | 15        | 0                  |        |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 33) . . . . .                                                           |                                                                                                                                                                                                                      | 3,098,187 | 16                       | 2,246,038 |                    |        |
| Liabilities                 | 17                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                                                                                                      |           | 122,710                  | 17        | 133,289            |        |
|                             | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |           |                          | 22        |                    |        |
|                             | 23                                                                                                                            | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |           |                          | 23        |                    |        |
|                             | 24                                                                                                                            | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |           |                          | 24        |                    |        |
|                             | 25                                                                                                                            | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .                                    |           |                          | 25        |                    |        |
|                             | 26                                                                                                                            | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                 |           | 122,710                  | 26        | 133,289            |        |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |                                                                                                                                                                                                                      |           |                          |           |                    |        |
|                             | 27                                                                                                                            | Net assets without donor restrictions . . . . .                                                                                                                                                                      |           | 2,975,477                | 27        | 2,110,424          |        |
|                             | 28                                                                                                                            | Net assets with donor restrictions . . . . .                                                                                                                                                                         |           | 0                        | 28        | 2,325              |        |
|                             | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.          |                                                                                                                                                                                                                      |           |                          |           |                    |        |
|                             | 29                                                                                                                            | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |           |                          | 29        |                    |        |
|                             | 30                                                                                                                            | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |           |                          | 30        |                    |        |
|                             | 31                                                                                                                            | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                           |           |                          | 31        |                    |        |
|                             | 32                                                                                                                            | Total net assets or fund balances . . . . .                                                                                                                                                                          |           | 2,975,477                | 32        | 2,112,749          |        |
|                             | 33                                                                                                                            | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                             |           | 3,098,187                | 33        | 2,246,038          |        |

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  | 4,064,602 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 4,927,330 |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | -862,728  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 2,975,477 |
| 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 32, column (A)) | 10 | 2,112,749 |

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 _____<br>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?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| b Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | Yes |    |
| 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?                                                                                                                                                                                                                                                                  |     | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                      |     |    |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

|                                                                                                              |                                                                                                                                                                                     |                                                     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | <b>Schedule of Contributors</b><br><br>▶ Attach to Form 990, 990-EZ, or 990-PF.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. | OMB No. 1545-0047                                   |
|                                                                                                              |                                                                                                                                                                                     | <b>2020</b>                                         |
| Name of the organization<br>MARCH FOR OUR LIVES ACTION FUND                                                  |                                                                                                                                                                                     | <b>Employer identification number</b><br>82-4535615 |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                              |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

**Employer identification number**  
82-4535615

## Part I

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|            |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization  
MARCH FOR OUR LIVES ACTION FUND

Employer identification number  
82-4535615

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

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                         | <div></div> <div></div> <div></div>          | <div></div> \$                                 | <div></div>          |

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of organization<br>MARCH FOR OUR LIVES ACTION FUND | Employer identification number<br>82-4535615 |
|---------------------------------------------------------|----------------------------------------------|

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

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

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

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization  
MARCH FOR OUR LIVES ACTION FUND

Employer identification number  
82-4535615

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).<br><input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                         |    |
| 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 7/25/06, 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                               |    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>▶ _____                                                                                                                                                                                                                                                                                                        |    |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year<br>▶ \$ _____                                                                                                                                                                                                                                                                                                           |    |
| 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)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                            |    |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.                                                                                                                                                |    |

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

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.                                                                                         |  |
| b  | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:<br>(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____<br>(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:<br>a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____<br>b Assets included in Form 990, Part X . . . . . ▶ \$ _____                                                                                                          |  |

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

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

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

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

|                                           | Amount |
|-------------------------------------------|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |

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

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

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

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

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

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

b Permanent endowment ▶ .....

c Term endowment ▶ .....

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

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

(i) Unrelated organizations . . . . .

(ii) Related organizations . . . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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

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

| Description of property                                                                                   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                         |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                     |                                      |                                 |                              |                |
| c Leasehold improvements                                                                                  |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                     |                                      | 7,721                           | 1,828                        | 5,893          |
| e Other . . . . .                                                                                         |                                      | 9,161                           | 2,527                        | 6,634          |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 12,527         |

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

Part VIII

Investments—Program Related.

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

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market<br>value |
|---------------------------------------------------------------------|----------------|-----------------------------------------------------------------|
| (2)                                                                 |                |                                                                 |
| (3)                                                                 |                |                                                                 |
| (4)                                                                 |                |                                                                 |
| (5)                                                                 |                |                                                                 |
| (6)                                                                 |                |                                                                 |
| (7)                                                                 |                |                                                                 |
| (8)                                                                 |                |                                                                 |
| (9)                                                                 |                |                                                                 |
| (10)                                                                |                |                                                                 |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ |                |                                                                 |

Part IX

Other Assets.

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

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| (10)                                                                          |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ |                |

Part X

Other Liabilities.

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

| (a) Description of liability                                                                                                                                                                                                                                                                                                                | (b) Book value |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. (1) Federal income taxes                                                                                                                                                                                                                                                                                                                 |                |
| (2)                                                                                                                                                                                                                                                                                                                                         |                |
| (3)                                                                                                                                                                                                                                                                                                                                         |                |
| (4)                                                                                                                                                                                                                                                                                                                                         |                |
| (5)                                                                                                                                                                                                                                                                                                                                         |                |
| (6)                                                                                                                                                                                                                                                                                                                                         |                |
| (7)                                                                                                                                                                                                                                                                                                                                         |                |
| (8)                                                                                                                                                                                                                                                                                                                                         |                |
| (9)                                                                                                                                                                                                                                                                                                                                         |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶                                                                                                                                                                                                                                                                         |                |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII <input checked="" type="checkbox"/> |                |

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  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |    |    |  |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 2a |    |  |
| b | Donated services and use of facilities . . . . .                                          | 2b |    |  |
| c | Recoveries of prior year grants . . . . .                                                 | 2c |    |  |
| d | Other (Describe in Part XIII.)<br>. . . . .                                               | 2d |    |  |
| e | Add lines 2a through 2d . . . . .                                                         |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                    |    | 3  |  |
| 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 |  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |    | 5  |  |

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  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |    |    |  |
| a | Donated services and use of facilities . . . . .                                           | 2a |    |  |
| b | Prior year adjustments . . . . .                                                           | 2b |    |  |
| c | Other losses . . . . .                                                                     | 2c |    |  |
| d | Other (Describe in Part XIII.)<br>. . . . .                                                | 2d |    |  |
| e | Add lines 2a through 2d . . . . .                                                          |    | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                     |    | 3  |  |
| 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<br>. . . . .              | 4a |    |  |
| b | Other (Describe in Part XIII.)<br>. . . . .                                                | 4b |    |  |
| c | Add lines 4a and 4b . . . . .                                                              |    | 4c |  |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |    | 5  |  |

Part XIII

Supplemental Information

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2:  | THE ACTION FUND FOLLOWS THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBED A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ACTION FUND PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. IT IS THE ACTION FUND'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAINTY IN INCOME TAXES, IF ANY, IN INCOME TAX EXPENSE. AS OF DECEMBER 31, 2020, THE ACTION FUND HAD NO ACCRUALS FOR INTEREST AND/OR PENALTIES. |

## Additional Data

[Return to Form](#)

**Software ID:**

**Software Version:**

Schedule I  
(Form 990)

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

2020

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance                      |
|-------------------------------------------------------------------------|------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| (1) NATIONAL ACTION NETWORK<br>2931 BAKER AVE<br>CHARLESTON, SC 29405   | 47-1704603 | 501(C)(3)                       | 10,000                   |                                   |                                                       |                                       | SUPPORT FOR MARCH ON WASHINGTON                         |
| (2) LIFE CAMPS INCORPORATED<br>111 12 SUTPHIN BLVD<br>JAMAICA, NY 11435 | 20-0814999 | 501(C)(3)                       | 10,000                   |                                   |                                                       |                                       | PEACE IS ESSENTIAL GRANT - PROGRAM SUPPORT DURING COVID |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
- 3 Enter total number of other organizations listed in the line 1 table 0

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:  | THE GRANTS REPORTED HERE WERE MADE TO COMMUNITY-BASED AND YOUTH-FOCUSED 501(C)(3) CHARITIES TO SUPPORT THE WORK OF MARCH FOR OUR LIVES AFFILIATED CHAPTERS FOCUSED ON ENDING GUN VIOLENCE IN THEIR COMMUNITIES. THE PURPOSE OF THE CHAPTER GRANTS WAS TO HELP COVER THE DIRECT COSTS FOR EXPENSES RELATED TO EACH GROUP'S ACTIVITIES AND EFFORTS INTENDED TO FOSTER YOUTH LEADERSHIP, INCREASE CIVIC ENGAGEMENT IN LOCAL YOUTH, AND FIGHT FOR GUN LEGISLATION LOCALLY. FOR GRANTS TO OUTSIDE PARTNER ORGANIZATIONS, MFOL LEADERSHIP STAFF CONFIRMED 501(C)(3) STATUS AND CONDUCTED DUE DILIGENCE BEFORE ISSUING GRANTS. |

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Name of the organization  
MARCH FOR OUR LIVES ACTION FUND

Employer identification number  
82-4535615

Part I Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div></div> |     |    |
| <div><div>1b</div><div>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 . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>                                                                   |     |    |
| <div><div>4</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment? . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | No |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | No |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?<br/>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | No |
| <div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <div><div>5</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <div><div>a</div><div>The organization? . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>b</div><div>Any related organization? . . . . .<br/>If "Yes," on line 5a or 5b, describe in Part III.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | No |
| <div><div>6</div><div>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:</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <div><div>a</div><div>The organization? . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | No |
| <div><div>b</div><div>Any related organization? . . . . .<br/>If "Yes," on line 6a or 6b, describe in Part III.</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | No |
| <div><div>7</div><div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | No |
| <div><div>8</div><div>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 . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | No |
| <div><div>9</div><div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |

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

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

[illegible]

**Part III**   **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
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| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FEDERAL FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY SENIOR MANAGEMENT AND AN OUTSIDE ATTORNEY. THE FINAL DRAFT FEDERAL FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FORM 990, PART VI, SECTION B, LINE 12C | THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS FURNISHED ANNUALLY TO ALL INCUMBENT AND INCOMING DIRECT AND OFFICERS OF THE CORPORATION. EACH DIRECTOR AND OFFICER ANNUALLY SIGNS 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 OFFICER ANNUALLY FILES A STATEMENT WITH THE BOARD OF DIRECTORS THAT LISTS: (1) ANY OUTSIDE EMPLOYMENT 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 AND OFFICER ALSO LISTS HIS OR HER INVESTMENTS IN ANY CORPORATION, PARTNERSHIP, TRUST, OR FUND IN WHICH HE OR SHE, TOGETHER WITH MEMBERS OF HIS OR HER FAMILY, HAS DIRECTLY OR INDIRECTLY A GREATER THAN 35% OWNERSHIP INTEREST, REGARDLESS OF WHETHER SUCH INVESTMENTS COULD CONSTITUTE 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 INVOLVING THEMSELVES, NO DIRECTOR OR OFFICER MAY BE PRESENT FOR A VOTE BY THE BOARD OF DIRECTORS ON ANY DECISION OR ACTION BY THE CORPORATION WHICH WOULD DIRECTLY OR INDIRECTLY BENEFIT SUCH DIRECTOR OR OFFICER. THE DIRECTOR OR OFFICER MAY, HOWEVER, ANSWER QUESTIONS OR RESPOND 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 DIRECTORS HAS SPECIFICALLY AND IN GOOD FAITH DETERMINED AFTER REASONABLE INVESTIGATION (INCLUDING A REVIEW OF THE TERMS UPON WHICH OTHER COMPARABLE ORGANIZATIONS ENTER TRANSACTIONS OR ARRANGEMENTS SIMILAR TO THE ONE UNDER CONSIDERATION) THAT: A. THE BOARD IS AWARE OF ALL MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR OR OFFICER'S INTEREST IN THE TRANSACTION; B. THE CORPORATION IS ENTERING INTO THE TRANSACTION FOR ITS OWN BENEFIT; C. THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION; AND D. THE CORPORATION COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES. |
| FORM 990, PART VI, SECTION B, LINE 15A | THE EXECUTIVE DIRECTOR WAS HIRED WITH THE ASSISTANCE OF A PROFESSIONAL SEARCH FIRM. SHE BEGAN IN JANUARY 2020. THE SALARY RANGE FOR THE POSITION WAS ESTABLISHED IN COORDINATION WITH THE SEARCH FIRM, WHICH INCLUDED EXTENSIVE INFORMATION ABOUT COMPARATIVE SALARIES FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. WHEN THE BOARD MET IN DECEMBER 2019 IN EXECUTIVE SESSION AND APPROVED HER HIRING, IT ALSO APPROVED HER SALARY, BASED ON PREVIOUS DISCUSSIONS AND NEGOTIATIONS BY THE BOARD CHAIR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORM 990, PART IX, LINE 11G            | RISK ASSESSMENT/SECURITY CONSULTANTS: PROGRAM SERVICE EXPENSES 5,886. MANAGEMENT AND GENERAL EXPENSES 9,240. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,126. STRATEGIC CONSULTANTS: PROGRAM SERVICE EXPENSES 366,264. MANAGEMENT AND GENERAL EXPENSES 34,348. FUNDRAISING EXPENSES 66,862. TOTAL EXPENSES 467,474. ARTIVISM SERVICES: PROGRAM SERVICE EXPENSES 409,300. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 409,300. ORGANIZING SERVICES: PROGRAM SERVICE EXPENSES 496,147. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 496,147. POLICY AND PROGRAM SERVICES: PROGRAM SERVICE EXPENSES 114,212. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 114,212. TELECOMMUNICATIONS: PROGRAM SERVICE EXPENSES 307,765. MANAGEMENT AND GENERAL EXPENSES 79,554. FUNDRAISING EXPENSES 12,124. TOTAL EXPENSES 399,443.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
MARCH FOR OUR LIVES ACTION FUND

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2020
Open to Public Inspection

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)<br>Name, address, and EIN (if applicable) of disregarded entity      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) SEE PART VII OF SCHEDULE R<br>PO BOX 8929<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
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|                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

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

**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.

**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 . . . . .

**b**

Gift, grant, or capital contribution to related organization(s) . . . . .

**c**

Gift, grant, or capital contribution from related organization(s) . . . . .

**d**

Loans or loan guarantees to or for related organization(s) . . . . .

**e**

Loans or loan guarantees by related organization(s) . . . . .

**f**

Dividends from related organization(s) . . . . .

**g**

Sale of assets to related organization(s) . . . . .

**h**

Purchase of assets from related organization(s) . . . . .

**i**

Exchange of assets with related organization(s) . . . . .

**j**

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k**

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l**

Performance of services or membership or fundraising solicitations for related organization(s)

**m**

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n**

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o**

Sharing of paid employees with related organization(s) . . . . .

**p**

Reimbursement paid to related organization(s) for expenses . . . . .

**q**

Reimbursement paid by related organization(s) for expenses . . . . .

**r**

Other transfer of cash or property to related organization(s) . . . . .

**s**

Other transfer of cash or property from related organization(s) . . . . .

**1a**

**1b**

**1c**

**1d**

**1e**

**1f**

**1g**

**1h**

**1i**

**1j**

**1k**

**1l**

**1m**

**1n**

**1o**

**1p**

**1q**

**1r**

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

**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.

[illegible]

**Part VII**    **Supplemental Information**

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

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE R, PAGE 1, 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. |

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