



MOVE TEXAS ACTION FUND
110 E. HOUSTON, 7TH FLOOR
SAN ANTONIO, TX 78205

Enclosed is your Federal 2017 Exempt Organization Income Tax Return. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before November 15, 2018 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Sufficient time must be allowed for the Internal Revenue Service to receive the return by the due date. If there is any doubt that the return will reach the Internal Revenue Service on time, send the tax return by registered or certified mail. Be sure to retain the sender's postmarked receipt to prove that the return was mailed before the due date.

The return was prepared from data furnished to us and should be reviewed by you to ensure that there are no omissions or misstatements of material fact. We sincerely appreciate this opportunity to serve you.

Sincerely,

A handwritten signature in black ink, appearing to read "Sagebiel, Ravenburg & Schuh, P.C.", is written over a horizontal line.

SAGEBIEL, RAVENBURG & SCHUH, PC

Lincoln Center
7800 I.H. 10 West, Ste. 630
San Antonio, TX 78230-4750
210-979-7600
FAX 210-979-7679

**Short Form
Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

2017

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning _____, **2017, and ending** _____

<p>B Check if applicable:</p> <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C</p> <p>MOVE TEXAS ACTION FUND 1023 NORTH PINE STREET SAN ANTONIO, TX 78202-1203</p>	<p>D Employer identification number 46-3339204</p> <p>E Telephone number (210) 396-0845</p> <p>F Group Exemption Number..... ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ MOVESANANTONIO.ORG

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ 135,624.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.....

	1 Contributions, gifts, grants, and similar amounts received.....		124,547.
	2 Program service revenue including government fees and contracts.....		
	3 Membership dues and assessments.....		
	4 Investment income.....		
	5 a Gross amount from sale of assets other than inventory.....	5 a	
	b Less: cost or other basis and sales expenses.....	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6 a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6 b	10,311.
	c Less: direct expenses from gaming and fundraising events.....	6 c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6 d	10,311.
	7 a Gross sales of inventory, less returns and allowances.....	7 a	
	b Less: cost of goods sold.....	7 b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7 c	
	8 Other revenue (describe in Schedule O).....	SEE SCHEDULE O	766.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	135,624.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O).....	10	
	11 Benefits paid to or for members.....	11	
	12 Salaries, other compensation, and employee benefits.....	12	77,922.
	13 Professional fees and other payments to independent contractors.....	13	43,728.
	14 Occupancy, rent, utilities, and maintenance.....	14	4,668.
	15 Printing, publications, postage, and shipping.....	15	
	16 Other expenses (describe in Schedule O).....	SEE SCHEDULE O	23,317.
	17 Total expenses. Add lines 10 through 16..... ▶	17	149,635.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	-14,011.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	-14,402.
	20 Other changes in net assets or fund balances (explain in Schedule O).....	SEE SCHEDULE O	-12,297.
	21 Total net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	-40,710.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,343.	13,116.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	500.	500.
25 Total assets	6,843.	13,616.
26 Total liabilities (describe in Schedule O) <u>SEE SCHEDULE O</u>	21,245.	54,326.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-14,402.	-40,710.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III.

		Expenses	
What is the organization's primary exempt purpose? <u>SEE SCHEDULE O</u>		(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	<u>SEE SCHEDULE O</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	115,325.
29	<u>SEE SCHEDULE O</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	<u>SEE SCHEDULE O</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	115,325.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>CODA RAYO-GARZA</u> CHAIR	1	0.	0.	0.
<u>GEORGE SALINAS</u> VICE CHAIR	1	0.	0.	0.
<u>DESI CANELA</u> DIRECTOR	0.5	0.	0.	0.
<u>EDWARD MUNGIA</u> DIRECTOR	0.5	0.	0.	0.
<u>EDUARDO ZERBE</u> TREASURER	1	0.	0.	0.
<u>BRENCIA BERRY</u> DIRECTOR	0.5	0.	0.	0.
<u>THEA SETTERBO</u> DIRECTOR	0.5	0.	0.	0.
<u>KELLI O'KEEFE</u> SECRETARY	0.5	0.	0.	0.
<u>ROGER GARZA</u> DIRECTOR	0.5	0.	0.	0.
<u>JESSICA RAMIREZ</u> DIRECTOR	0.5	0.	0.	0.
<u>JOAQUIN GUERRA</u> DIRECTOR	0.5	0.	0.	0.
<u>JORGE VILLARREAL</u> DIRECTOR	0.5	0.	0.	0.
<u>H. DREW GALLOWAY</u> EXECUTIVE DIR.	40	46,825.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39 a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39 b N/A	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	X
41 List the states with which a copy of this return is filed ▶ NONE		

42 a The organization's books are in care of ▶ H. DREW GALLOWAY Telephone no. ▶ (210) 396-0845
 Located at ▶ 1023 NORTH PINE STREET SAN ANTONIO TX ZIP + 4 ▶ 78202-1203

	Yes	No
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)?	42 b	X
If 'Yes,' enter the name of the foreign country: ▶ _____		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	X
If 'Yes,' enter the name of the foreign country: ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44 d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. []

47 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. 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If 'Yes,' was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000. []

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000. []

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. [] Yes [] No

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 H. DREW GALLOWAY, EXECUTIVE DIRECTOR. Date: 9/10/18. Preparer's name: DOUGLAS T. BROWNE, Date: 9/10/18. Firm's name: SAGEBIEL, RAVENBURG & SCHUH, PC. Firm's address: 7800 W IH 10 STE 630, SAN ANTONIO, TX 78230-4750. PTIN: P00963089. Firm's EIN: 74-2676458. Phone no.: 210-979-7600.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2017

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

MOVE TEXAS ACTION FUND

46-3339204

FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS INCOME.....	\$ 766.
TOTAL	\$ 766.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$ 2,243.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	551.
OFFICE EXPENSES.....	5,520.
SUPPLIES.....	14,017.
TRAVEL.....	986.
TOTAL	\$ 23,317.

FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENTS.....	\$ -12,297.
TOTAL	\$ -12,297.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
SECURITY DEPOSIT.....	\$ 500.	\$ 500.
TOTAL	\$ 500.	\$ 500.

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 10,444.	\$ 29,507.
UNSECURED NOTES AND LOANS PAYABLE.....	10,801.	24,819.
TOTAL	\$ 21,245.	\$ 54,326.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION EXISTS TO PROMOTE CIVIC ENGAGEMENT AMONG UNDERREPRESENTED YOUTH.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MOVE SAN ANTONIO IS A GRASSROOTS ORGANIZATION GIVING YOUNG PEOPLE A VOICE IN POLITICS. OUR THREE PROGRAM AREAS INCLUDE CIVIC ENGAGEMENT, LEADERSHIP DEVELOPMENT, AND PROGRESSIVE ADVOCACY. IN 2017, WE REGISTERED OVER 5,500 PEOPLE TO VOTE IN BEXAR COUNTY, TEXAS AND ENCOURAGED THEM TO VOTE IN LOCAL ELECTIONS. WE TRAINED OVER 30 YOUNG ORGANIZERS AND HELPED ENCOURAGE OVER 200 VOLUNTEERS TO GET

Name of the organization

Employer identification number

MOVE TEXAS ACTION FUND

46-3339204

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

INVOLVED IN OUR COMMUNITY.

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. MOVE SAN ANTONIO	Employer identification number (EIN) or 46-3339204
	Number, street, and room or suite number. If a P.O. box, see instructions. 110 E. HOUSTON, 7TH FLOOR	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78205	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► H. DREW GALLOWAY

Telephone No. ► (210) 396-0845 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. If it is for part of the group, check this box . . . and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 17 or
- tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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