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ARMANINO LLP

2700 Camino Ramon., Suite 350 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601 Form **990-EZ**

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)

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

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

Open to Public Inspection

	A For the 2022 calendar year, or tax year beginning JUL 1 , 2022, and ending JUN 30, 2023						
В	Check if applicat	f C Name of organization				D Employer	identification number
X	Addr	ress change					
	Nam	ne change MOVEMENT STRATEGY CENTER A	CTION FUND			14-1	.996986
	Initia	Number and street (or P.O. box if mail is	not delivered to street address)		Room/suite	E Telephon	e number
	Final termi	I return/ inated 1625 CLAY STREET				(510)	444-0640
	Ame	city or town, state or province, country, a	nd ZIP or foreign postal code			F Group Ex	emption
	Applic	cation pending OAKLAND, CA 94612				Number	
G	Accour	nting Method: Cash X Accrual C	ther (specify)			H Check	if the organization is
1	Websi	te: WWW.MSCACTIONFUND.ORG	· · · · · ·		_	not requi	red to attach Schedule B
J	Tax-ex	kempt status (check only one) — 501(c)(3)	501(c) (4) (insert no.)] 4947(a)	(1) or 527	(Form 99	0).
K	Form c	of organization: X Corporation Trust	Association Ot	her			
L.	Add Iin	nes 5b, 6c, and 7b to line 9 to determine gross receipt	s. If gross receipts are \$200,000 or m	ore, or if t	otal assets (Part	II,	
	columi	n (B)) are \$500,000 or more, file Form 990 instead of	Form 990-EZ				\$ 30,000.
P	art I	Revenue, Expenses, and Change	s in Net Assets or Fund B	alance	S (see the instr	uctions for Pa	art I)
		Check if the organization used Schedule O to resp	ond to any question in this Part I				X
	1	Contributions, gifts, grants, and similar amounts red	eived			1	30,000.
	2	Program service revenue including government fees					
	3	Membership dues and assessments					
	4	Investment income					
	5a	Gross amount from sale of assets other than invent		5a			
	b	Less: cost or other basis and sales expenses		5b			
	C	Gain or (loss) from sale of assets other than inventor				5c	
	6	Gaming and fundraising events:					
ø)	a	Gross income from gaming (attach Schedule G if gr	eater than				
ŭ		\$15,000)		6a			
Revenue	b	Gross income from fundraising events (not includin		f contribu	tions		
Œ		from fundraising events reported on line 1) (attach	Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)		6b			
	С	Less: direct expenses from gaming and fundraising	events	6c			
	d	Net income or (loss) from gaming and fundraising e	vents (add lines 6a and 6b and subtra	ct line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowance	s	7a			
	b	Less: cost of goods sold		7b			
	C	Gross profit or (loss) from sales of inventory (subtr	act line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule 0)				8	
_	9	Total revenue . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	·			9	30,000.
	10	Grants and similar amounts paid (list in Schedule O					
	11	Benefits paid to or for members				11	
S	12	Salaries, other compensation, and employee benefit					
)Su	13	Professional fees and other payments to independent contractors					4,632.
Expenses	14	Occupancy, rent, utilities, and maintenance				14	
Ш	15					15	
	16	Other expenses (describe in Schedule 0)	SEE S	CHEDUL	E O	16	192.
_	17					17	4,824.
S	18	Excess or (deficit) for the year (subtract line 17 from				18	25,176.
set	19	Net assets or fund balances at beginning of year (fro	* **				
Net Assets		(must agree with end-of-year figure reported on price					32,054.
Net	20	Other changes in net assets or fund balances (expla	,				0.
_	21	Net assets or fund balances at end of year. Combine	lines 18 through 20			. 21	57,230.

232171 12-16-22

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

Form **990-EZ** (2022)

Pa	art II	•	see the instructions for Part	,				
_		Check if the organi	zation used Schedule O to	respond to any ques				
					(A) Beginning of year			nd of year
22					20,719		-	57,230.
23	Land	and buildings			11 225	23		
24			le O) SEE SCHEDULE O		11,335	 -	t	0.
25					32,054	+		57,230.
26			edule 0)		32,054	1 20		57,230.
27 D:	net a		e 27 of column (B) must agree with line gram Service Accomplishr	nents (see the instr		• 21	F.	
	ai t iii	1	ization used Schedule O to	`	,	Х		rpenses for section
Who	at ic tha		pt purpose? SEE SCHEDULE O	respond to any ques	dion in this rait in		501(c)(3)	and 501(c)(4)
			omplishments for each of its three largest prog	aram cervices, as measured by evo	enses. In a clear and concise		organizatii others.)	ons; optional for
			on plantinents for each of its three largest programer of persons benefited, and other relevant in		erises. Ili a ciear and concise		'	
28	SEE S	CHEDULE O						
	(Grants	s \$) If this amount includes fore	ign grants, check here			28a	192.
29								
	(Grants	s \$) If this amount includes fore	ign grants, check here			29a	
30								
						_		
	(Grants) If this amount includes fore	ign grants, check here			30a	
31		program services (describ	,					
	(Grants) If this amount includes fore				31a	100
32	Total	program service expens	es (add lines 28a through 31a) irectors, Trustees, and Ke	v Employees			32	192.
F	ar L IV		ization used Schedule O to		·	see the	instructions fo	r Part IV)
_		Check if the organi	zation used Schedule O to	(b) Average hour		(d) ⊔c	alth benefits,	(a) Estimated
		(a) Nor	me and title	per week devoted		` ćont	ributions to oyee benefit	(e) Estimated amount of other
		(a) Ivai	ne and title	position	1099-NEC) (if not paid, enter -0-)	plans,	and deferred	compensation
TOM	IAS GA	RDUNO			(ii not paid, onto 0)	- 0011	perioditori	
PRE	SIDEN	T		2.00	0.		0.	0.
VEN	IITA R	AY						-
SEC	RETAR	Y		1.00	0.		0.	0.
TAJ	JAME	S						
TRE	EASURE	R		1.00	0.		0.	0.
CAF	RLA DA	RTIS						
EXE	CUTIV	E DIRECTOR		1.00	0.		0.	0.
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

actively in Schedulida D Were any spillarizant changes made to the organization or powerning decuments? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization or same. Otherwise, explain the change on Schedule D. See instructions 35. B of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines, 5, qs, and 74, among others). 35. B of the organization acception \$2(4), 501 (c)(5), or 90, 100 or more during the year from business activities (such as those reported on lines, 5 qs, and 74, among others). 35. B of the organization acception \$2(4), 501 (c)(5), or 90, 100 or more during the year from business activities (such as those reported on lines, 5 qs, and 74, among others). 36. B of the organization acception \$2(4), 501 (c)(5), 5		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X		
activity in Schedule D Were any spillmant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's rame. Otherwise, explain the change on Schedule D. See instructions 35. Dif the organization have unrotated business grass income of \$1,000 or more during the year from beciness activities (such as those reported on lines 2, 6a, and 7a, among others). 35. Dif the organization assection 501(c)(4), 501(c)(6) or organization based to school the completed on lines 2, 6a, and 7a, among others. 35. If Yes 10 ine 55a, has the organization filled a Form 990-T for the year? If "No.," provide an explanation in Schedule 0 35. Was the organization assection 501(c)(4), 501(c)(6), or 701(c)(6) organization subject to section 605(c)e) incline, preparity are reparted asserting the year? If "Yes," complete Schedule C, Part II II 36. Did the organization indep or a laudediation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule L, Part II, and enter the total amount involved 37. If the repundation foreover born, or make any loases to, any officer, director, fuselar, or key employer, or were any such loases made in a prior year and still outstanding at the end of the tax year covered by this return? 38. If Yes, complete Schedule L, Part II, and enter the total amount involved 39. Section 501(c)(3) organizations. Enter amount of tax inspected on the organization during the year under: 39. Section 501(c)(3), 501(c)(4), 4), and 501(c)(20) organizations. Direct amount of tax inspected on any section 54(6) and 380 M/A 39. Section 501(c)(3), 501(c)(4), 4), and 501(c)(20) organizations. Direct amount of tax inspect on engaging the preparation managers or disqualified persons during the year under section 54(12, 4955, and 4958 0) 39. Section 501(c)(3), 501(c)(4), 4), and 501(c)(20) organizations. Enter amount of tax on line 400 reinbursed by the organization ma				Yes	No		
Were any significant changes made to the organization group overning documents? If Yes, ottach a conformed copy of the amended on the comparization and the change of the comparization and the change of the comparization and the change of the comparization three whereight on the organization share. Otherwise, explain the change on Schedule O. See instructions on lines 2, 6s, and 7s, among others; 7 If Yes I've I've I've I've I've I've I've I've	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each					
34		activity in Schedule O					
Size Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 6s, and 7a, among others)? Size A Six B HYes' for line 5a, has the organization filed a form 990-T for the year? If No, 'provide an explanation in Schedule O \$350, AV.	34						
co nines 2, 6a, and 7a, among others)? b) If Yes' to line 3b, has the organization lined a Form 990-T for the year? If Yio,* provide an explanation in Schedule 0 c) Was the organization a section 601(c)(4), 601(c)(5), or 601(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,* complete Schedule C, Part III So Dut the organization ander pa a liquidation, dissolution, furmination, or significant disposition of net asserts during the year? If Yes,* complete applicable parts of Schedule N 36		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	Х			
b If Yes' to fine 35s, has the organization field a Form 990-T for the year? If Yio," provide an explanation in Schedule O 35b M/A requirements during the year? If Yes," complete Schedule C, Part III 35c omplete applicable parts of Schedule II Yes, Complete Schedule C, Part III 35c omplete applicable parts of Schedule II Yes, Complete Schedule II Yes, Complete applicable parts of Schedule II Yes, Complete Schedule II Yes, Yes, Yes, Yes, II Yes, Yes, II Yes, Yes, Yes, Yes, Yes, II Yes, Yes, Yes, Yes, Yes, II Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,	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					
b If Yes' to fine 35s, has the organization field a Form 990-T for the year? If Yio," provide an explanation in Schedule O 35b M/A requirements during the year? If Yes," complete Schedule C, Part III 35c omplete applicable parts of Schedule II Yes, Complete Schedule C, Part III 35c omplete applicable parts of Schedule II Yes, Complete Schedule II Yes, Complete applicable parts of Schedule II Yes, Complete Schedule II Yes, Yes, Yes, Yes, II Yes, Yes, II Yes, Yes, Yes, Yes, Yes, II Yes, Yes, Yes, Yes, Yes, II Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,		on lines 2, 6a, and 7a, among others)?	35a		Х		
requirements during the year? If Yes, complete Schedule C, Part II 58 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete sprice of Schedule N 58 Ja	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/A			
38 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete a policible parts of Schedule I No. 37 a for amount of political expenditures, direct or indirect, as described in the instructions 37 a for amount of political expenditures, direct or indirect, as described in the instructions 37 a for amount of political expenditures, direct or indirect, as described in the instructions 37 a for amount of political expenditures, direct or indirect, as described in the instructions of political expenditures, direct or indirect, as described in the instructions of political pol	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					
as a policable parts of Schedule N To Did the organization file Form 1120-POL for files year? To Did the organization file Form 1120-POL for files year? To Did the organization file Form 1120-POL for files year? To Did the organization file Form 1120-POL for files year? To Did the organization file Form 1120-POL for files year? To Did the organization file Form 1120-POL for files year? To Did the organization file Form 1120-POL for files year? To Did the organization file Form 1120-POL for files year? To Did News Complete Schedule L, Part II, and enter the total amount involved Section 50 (1c)(2) organizations. Enter common for the organization during the year ander: Initiation fees and capital contributions: included on line 9 Section 50 (1c)(2) organizations. Enter amount of tax imposed on the organization during the year ander: section 4911 N/A Section 4912		requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	36						
b Util the organization the Form 1120-POL for this year? 8 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? 8 b 10 11'95's, Complete Schedule L, Part II, and enter the total amount involved 8 Section 50 (10(2)) organizations, Enter: 8 a Initiation fees and capital contributions included on line 9 to proble use of club facilities 9 Section 50 (10(3) organizations, Enter amount of tax imposed on the organization during the year under; 9 section 4911					Х		
38a bit 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? 38b N/A 5 Westion 501(c)(7) organizations. Enter: 38a N/A 5 Westion 501(c)(7) organizations. Enter: 38b N/A 5 Gross receipts, included on line 9, for public use of club facilities 39a N/A 5 Section 501(c)(3), 501(c)(4), and 501(c)(229) organizations. Did the organization during the year under: 5 Section 4911 N/A; section 4912 N/A; section 4915 N/A; section 4915 N/A; section 4916 N/A; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and angers or disqualified persons during the year under sections 4912, 4955, and 4958 Oc. 6 A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and tring the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 11 List the states with which a copy of this return is filed CA 12 A Torganization A Torganization A Torganization A NA STREET, oAKLAND, CA 13 A TAMES 14 List the states with which a copy of this return is filed CA 14 A Torganization for the 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,							
in a prior year and still outstanding at the end of the tax year covered by this return? If Yes, complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911	b	Did the organization file Form 1120-POL for this year?	37b		Х		
b If Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations. Enter: a Initiation lees and capital contributions included on line 9 59 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 secoses benefit transaction during the year, od did retagge in an excess benefit transaction during the year, od did retagge in an excess benefit transaction during the year, od did retagge in an excess benefit transaction of this prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I 6 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 6 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 6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 7 If year organizations. At any time during the tax year, was the organization a party to a prohibited tax shefter transaction? If Yes, complete Form 8886-1 1 List the states with which a copy of this return is filled CA 1 List the states with which a copy of this return is filled CA 1 Telephone no. (510) 444-0640 2 ZiP + 4 94612 2 If P + 4 94612 2 If Yes, complete form 8886-1 4 List the states with which a copy of this return is filled CA 1 (510) 444-0640 2 ZiP + 4 94612 2 If Yes, in the during the calendar year, did the organization have an interest in or a signature or other rumbursity over a financial Account in a foreign country (such as a bank account, securities	38 a						
39 Section 501(c)(3) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 lengage in an excess benefit transaction in a prior year that has not been reported on any of its prior 6 msn 990 or 990-EZ? If Yes, complete Schedule, L Part I 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 of 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 of Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. It is useful to the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 40 Experimental transaction in the during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8885-T Located at 1625 CLAY STREET, DAKLAND, CA 10 Experimental transaction in the 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 11 Yes, enter the name of the foreign country 32 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax exceptions and filing requirements for FinCEN Form 114, Repo			38a		Х		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 91(1) 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 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-EZP? If Yes, complete Schedule L, Part 1 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 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 1 List the states with which a copy of this return is filled CA 1 List the states with which a copy of this return is filled CA 1 Located at 1623 CLAY STREET, OAKLAND, CA 2 The organization's books are in care of TAJ JAMES Located at 1625 CLAY STREET, OAKLAND, CA 2 The organization for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4 The report of the name of the foreign country See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4 A published the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ 4 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ 4 Life State of the organization receiv	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	4				
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911			4				
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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 990-427 If Yes," complete Schedule I, Part I 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 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization with the sales with which a copy of this return is filed CA 1 List the states with which a copy of this return is filed CA 1 List the states with which a copy of this return is filed CA 2 The organization's books are in care of TAJ JAMES Telephone no. (510) 444-0640 Located at 1625 CLAY STREPT, OAKLAND, CA 2 Tile P, 4 94612 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 accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If Yes, enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If Yes, enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 440 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? 442 Did the organization receive any payments for moror engage in any transaction with a control		section 4911					
of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 ander sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 8866-T List the states with which a copy of this return is filled CA 11 List the states with which a copy of this return is filled CA 12 List the states with which a copy of this return is filled CA 12 Located at 1625 CLAY STREET, OAKLAND, CA ZIP+4 94612 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 accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 2 At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization receive any payments for indoor tanning services during the year? 4 44	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit					
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If "Yes," Part VI	complete Schedule C, Pa	art I 3) Organizations	Only				<u></u>			46		Х
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	If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who ea										ed m	ore
than \$1	100,000 of compensation	from the organization. I	f there is none, enter "N	lone."								
	(a) Name and	I title of each employee		(b) Averag			Reportable sation (Forms		alth benefits, butions to	(e) Es		
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Preparer Use Only	I Eirm'e name 7 701	MANINO LLP	•				Firm's EIN		94-6214	341		
200 Only	Firm's address 1	1766 WILSHIRE B					Phone no.		-478-41	18		
		OS ANGELES, CA							F==	٦		7
May the IRS	discuss this return with t	he preparer shown abov	re? See instructions						X		[No
									ΓÜ	rm 990 -	LL (LUZZ)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

мо	OVEMENT STRATEGY CENTER ACTION FUND	14-1996986
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c	is covered by the General Rule or a Special Rule .	le. See instructions.
General Rule		
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6b) instead of the contributor name and address), II, and III.	ientific,
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled may here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ole, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ng requirements of Schedule B (Form 990).	• •
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Page 2 Schedule B (Form 990) (2022) Name of organization **Employer identification number** MOVEMENT STRATEGY CENTER ACTION FUND 14-1996986 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х Person **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person

		\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

MOVEMENT STRATEGY CENTER ACTION FUND

14-1996986

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	(see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\ \ 						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					

Page 4

Name of or	rganization		Employer identification number
MOVEMENT	STRATEGY CENTER ACTION FUND		14-1996986
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charitable duplicate copies of Part III if additional sp	hrough (e) and the following line entra aritable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year stry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif	
_	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	ift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MOVEMENT STRATEGY CENTER ACTION FUND

Employer identification number 14-1996986

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: DUES AND SUBSCRIPTION 25. BANK FEES 5. OTHER OFFICE EXPENSE 162. TOTAL TO FORM 990-EZ, LINE 16 192. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR PREPAID EXPENSES 11,335. 0. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MOVEMENT STRATEGY CENTER ACTION FUND IS ORGANIZED AND OPERATED FOR SOCIAL WELFARE PURPOSES. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: MOVEMENT STRATEGY CENTER ACTION FUND IS ORGANIZED AND OPERATED FOR SOCIAL WELFARE PURPOSES, MORE SPECIFICALLY TO ADVOCATE FOR, AND ON BEHALF OF, THE WELL-BEING OF CHILDREN AND FAMILIES IN NEED AND FOR RACIAL, ECONOMIC, ENVIRONMENTAL AND SOCIAL JUSTICE. THE CORPORATION FOCUSES PARTICULARLY ON EDUCATING THE PUBLIC ABOUT THE INTERRELATED IMPACTS OF POLICIES SUCH AS HEALTH, DEVELOPMENT EDUCATION, AND JOBS. FORM 990-EZ. PART V. INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY. TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990) 2022	Page 2
Name of the organization MOVEMENT STRATEGY CENTER ACTION FUND	Employer identification number 14-1996986
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
FORM 990-EZ, PART V LINE 34	
CHANGE OF BYLAWS	
MSCAF BOARD IS FULLY COMPLIANT WITH ITS BYLAWS. THE UPDATED BYLAWS	
REFLECT THE FOLLOWING CHANGES: A MINIMUM OF 3 BOARD MEMBERS SERVED	
DURING THE REPORTING YEAR. BOARD MAY APPOINT 2 ADDITIONAL BOARD	
MEMBERS. EACH BOARD MEMBER SERVES A MINIMUM TERM OF 3 YEARS. EXECUTIVE	
DIRECTOR REPORTS TO THE BOARD OF DIRECTORS.	