

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning 7/1, 2020, and ending 6/30, 2021

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax Moving Forward Towards Indendence	Taxpayer identification number 94-3359635
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Name and title of officer or person subject to tax Yi Shepard	Treasurer
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	0
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to name of organization) Moving Forward Towards Indendence, (EIN) 94-3359635 and that I have examined a copy true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Alta Mesa Group, LLC to enter my PIN 94559 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68576036810
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ James S Gladfelter Date ▶ 8/31/2021

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2020

8453-EO

Exempt Organization name MOVING FORWARD TOWARDS INDENDENCE	Identifying number 94-3359635
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,826,473
2	Total gross income (Form 199, line 8)	2	1,826,473
3	Total expenses and disbursements (Form 199, line 9)	3	1,798,480

Part II Settle Your Account Electronically for Taxable Year 2020

4 Electronic funds withdrawal 4a Amount 0 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

 Signature of officer	 Date	 Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature	JAMES S GLADFELTER	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01326043
Firm's name (or yours if self-employed) and address	ALTA MESA GROUP, LLC. 324 ALTA MESA CIRCLE NAPA CA		Firm's FEIN 26-1836473		ZIP code 94558

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature	JAMES S GLADFELTER	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P01326043
Firm's name (or yours if self-employed) and address	ALTA MESA GROUP, LLC. 324 ALTA MESA CIRCLE NAPA CA		Firm's FEIN 26-1836473	
ZIP code 94558				

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

2020

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/Form990PF for instructions and the latest information.**

Open to Public Inspection

For calendar year 2020 or tax year beginning 7/1/2020 , **and ending** 6/30/2021

Name of foundation Moving Forward Towards Indendence			A Employer identification number 94-3359635	
Number and street (or P.O. box number if mail is not delivered to street address) 68 Coombs Street Bldg B		Room/suite	B Telephone number (see instructions) 707-259-1125	
City or town, state or province, country, and ZIP or foreign postal code Napa CA 94559		C If exemption application is pending, check here <input type="checkbox"/>		
Foreign country name Foreign province/state/county Foreign postal code		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>		
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,605,549		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	116,911			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	7	7		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	1,709,555		1,709,555		
12 Total. Add lines 1 through 11	1,826,473	7	1,709,555		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	88,370		88,370	88,370
	14 Other employee salaries and wages	1,079,603		1,079,603	1,079,603
	15 Pension plans, employee benefits	182,425		182,425	182,425
	16a Legal fees (attach schedule)	12,985		12,985	12,985
	b Accounting fees (attach schedule)	26,996		26,996	26,996
	c Other professional fees (attach schedule)	14,232		14,232	14,232
	17 Interest	7,311		7,311	7,311
	18 Taxes (attach schedule) (see instructions)	89,766		89,766	89,766
	19 Depreciation (attach schedule) and depletion	41,362		41,362	
	20 Occupancy	40,073		40,073	40,073
	21 Travel, conferences, and meetings	17,350		17,350	17,350
	22 Printing and publications	556		556	556
	23 Other expenses (attach schedule)	238,813		238,813	238,813
	24 Total operating and administrative expenses. Add lines 13 through 23	1,839,842	0	1,839,842	1,798,480
	25 Contributions, gifts, grants paid				
26 Total expenses and disbursements. Add lines 24 and 25	1,839,842	0	1,839,842	1,798,480	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-13,369				
b Net investment income (if negative, enter -0-)		7			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash—non-interest-bearing		252,663	83,964	83,964
	2	Savings and temporary cash investments		411,770	376,527	376,527
	3	Accounts receivable ▶ 53,758				
		Less: allowance for doubtful accounts ▶ 4,000		15,555	49,758	49,758
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		2,910	1,132	1,132
	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments—mortgage loans					
13	Investments—other (attach schedule)					
14	Land, buildings, and equipment: basis ▶ 1,092,818					
	Less: accumulated depreciation (attach schedule) ▶ 555,386		578,795	537,432	1,092,818	
15	Other assets (describe ▶ Deposits)			1,350	1,350	
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)		1,261,693	1,050,163	1,605,549	
Liabilities	17	Accounts payable and accrued expenses		4,037	9,115	
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)		371,173	160,917	
	22	Other liabilities (describe ▶ See Attached Statement)		89,483	96,500	
	23	Total liabilities (add lines 17 through 22)		464,693	266,532	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶ <input type="checkbox"/>					
	24	Net assets without donor restrictions				
	25	Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input checked="" type="checkbox"/>					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds		797,000	783,631	
29	Total net assets or fund balances (see instructions)		797,000	783,631		
30	Total liabilities and net assets/fund balances (see instructions)		1,261,693	1,050,163		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	797,000
2	Enter amount from Part I, line 27a	2	-13,369
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	783,631
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	783,631

Part IV Capital Gains and Losses for Tax on Investment Income

a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		b) How acquired P—Purchase D—Donation	c) Date acquired (mo., day, yr.)	d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
2	Reserved		2
3	Reserved		3
4	Reserved		4
5	Reserved		5
6	Reserved		6
7	Reserved		7
8	Reserved		8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved	1	
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b	N/A	
5		X
6		X
7	X	
8b	X	
9	X	
10		X

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions 11 Yes No X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 12 Yes No X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Yes No
Website address WWW.MOVING-FORWARD.ORG
14 The books are in care of RHONDA DANIELS Telephone no. 707-251-8603
Located at 60 COOMBS STREET SUITE B NAPA CA ZIP+4 94559
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year 15
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No X
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b N/A
Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? Yes No X
If "Yes," list the years 20 , 20 , 20 , 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) 2b X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) 3b N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020? 4b X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year, did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	N/A
	Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	N/A
8	Is the foundation 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement	.00	0		
	.00	0		
	.00	0		
	.00	0		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Tina Newsome 68 Coombs Street Bldg B, Napa, CA 94558	Supervisor 40.00	77,227	15,528	717
Rhonda Daniels 68 Coombs Street Bldg B, Napa, CA 94558	Former Executive D 40.00	109,039	5,085	645
Barbara Montaldo 68 Coombs Street Bldg B, Napa, CA 94558	Community Special 40.00	67,056	12,749	717
Jennifer Romanek 68 Coombs Street Bldg B, Napa, CA 94558	Case Manager 40.00	64,741	12,630	620
Donna Polk 68 Coombs Street Bldg B, Napa, CA 94558	Case Manager 40.00	63,053	10,710	620
Total number of other employees paid over \$50,000				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 Community Living Program (CL) - this program supports and provides training for individuals to transition from group living to independent living	1,110,772
2 Transitional Living Program (TL) - this program supports and provides training for individuals to transition transition from family living to group living	729,270
3 Supported Employment (SE) - SE - this program provides employment support for individuals	384
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2020 from Part VI, line 5	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,798,480
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,798,480
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,798,480

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0	
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 1,798,480				
a Applied to 2019, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2020 distributable amount				
e Remaining amount distributed out of corpus	1,798,480			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,798,480			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	1,798,480			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020	1,798,480			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4, for each year listed	1,798,480	1,564,090	1,489,009	199,157	5,050,736
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,798,480	1,564,090	1,489,009	199,157	5,050,736
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets	1,605,549	1,775,716	1,405,770	1,042,493	5,829,528
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1,605,549	1,775,716	1,405,770	1,014,381	5,801,416
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					0
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
-
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
-
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

Moving Forward Towards Independence 68 Coombs Street Bldg B Napa, CA 94558 707-259-1125

- b** The form in which applications should be submitted and information and materials they should include:

See statement for Line 2a

- c** Any submission deadlines:

See statement for Line 2a

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

See statement for Line 2a

Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total			▶ 3a	0
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Electronic Filing Only

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization Moving Forward Towards Indendence	Employer identification number 94-3359635
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Moving Forward Towards Indendence	Employer identification number 94-3359635
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Colette Daniels 220 Newport Center Drive, 11-236 Newport Beach CA 92660 Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Bryan Daniels P.O. Box 640 Alamo CA 94507 Foreign State or Province: _____ Foreign Country: _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Rajkumar & Poonam Jalan 19805 Versailles Way Saratoga CA 95070 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Jeff Augustin N18W24634 Still River Drive Pewaukee WI 53072 Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	David Green & Abigail Shaw 20 Redondo Court Alameda CA 94501 Foreign State or Province: _____ Foreign Country: _____	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Napa Valley Can Do 1766 Industrial Way Napa CA 94558 Foreign State or Province: _____ Foreign Country: _____	\$ 6,665	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Moving Forward Towards Indendence	Employer identification number 94-3359635
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Robert English and Anna Zara ----- 4 E. Creek Place ----- Menlo Park CA 94025 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Pasquale & Linda Pingitore ----- 1340 Crestmont Drive ----- Angwin CA 94508 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Zalec Familian and Lilian Levinson Foundation ----- 1316 Solano Ave ----- Albany CA 94706 ----- Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Moving Forward Towards Indendence	Employer identification number 94-3359635
---	--

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

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

Name of organization Moving Forward Towards Indendence	Employer identification number 94-3359635
---	--

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.) ▶ \$ _____ 0
Use duplicate copies of Part III if additional space is needed.

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

The following questions should be answered in the context of the FEDERAL return being electronically filed. Responses for state efiles are below.

Check ("x") this column to see more information, when available.

Name of signing officer or fiduciary: Yi Shepard
Check ("X") if foreign officer and does not have a SSN/TIN
OR
[X] Check ("X") if officer opts not to provide SSN/ITIN
OR
Enter SSN/EIN of signing officer or fiduciary: 999-00-9999

NOTE: 999-00-9999 cannot be used on any other form other than the AUTH. Using this IRS provided number on another form may result in processing errors.

If a financial institution is the fiduciary then the financial institution's name should be entered.

Form family applicability

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. Row 1: 1065 (Y), 1120/F (Y), 1120S (Y), 990 (Y), 1041 (Y)

Total Income from Prior Year return

If claiming deduction for Salary & Wages on current year return, mark this box and enter the COUNT of original W2's reported to SSA for this tax year.

If claiming Compensation of Officers on current year return, mark this box and enter the number of officers.

Parent Company Name
Parent Company EIN

Business's Primary Physical Address:
Street
Line 2
City
Country
Province
Postal Code

Grantor Name
Grantor SSN

Indicate which, if any, of the following forms this entity is required to file.
720 990 1042
940 941 943 944 945

Were estimated tax payments made for this entity towards the current tax year's liability?
Yes No

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits. First Payment, regardless of quarter or date paid.

Method: Direct Debit/ACH, Cash, Check, EFTPS
Amount paid with first quarter
Date payment was requested to be debited
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment
EFTPS Confirmation Number

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits. Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.
Method: Direct Debit/ACH, Cash, Check, EFTPS
Amount of last payment
Date payment was requested to be debited
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment
EFTPS Confirmation Number

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. Multiple rows with Y/N entries and shaded cells.

California

The following questions should be answered in the context of the California return being electronically filed.

Check ("x") this column to see more information, when available.

Name of signing officer or fiduciary: Yi Shepard
Check ("X") if foreign officer and does not have a SSN/TIN
OR
[X] Check ("X") if officer opts not to provide SSN/ITIN
OR
Enter SSN/EIN of signing officer or fiduciary: 999-00-9999

NOTE: 999-00-9999 cannot be used on any other form other than the AUTH. Using this IRS provided number on another form may result in processing errors.

Form family applicability

Table with 5 columns: 565/568, 100, 100S, 199, 541. Row 1: 565/568 (Y), 100 (Y), 100S (Y), 199 (Y), 541 (Y)

Total Income from Prior Year return

Enter total number of K-1's for this state: 0

If claiming deduction for Salary & Wages on current year state return, mark this box and enter the COUNT of original W2's reported to state for this tax year: 0

If claiming Compensation of Officers on current year state return, mark this box and enter the number of officers: 0

Parent Company Name
Parent Company EIN

Business's Primary Physical Address:
Street
Line 2
City
Country
Province
Postal Code

Grantor Name
Grantor SSN

Were estimated tax payments made for this entity towards the current tax year's liability?
Yes No

Table with 5 columns: 565/568, 100, 100S, 199, 541. Multiple rows with Y/N entries and shaded cells.

Part I, Line 11 (990-PF) - Other Income

		1,709,555	0	1,709,555
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Core Service Fees	1,032,480	0	1,032,480
2	Service Fee Assistance	456,984	0	456,984
3	Admission/Application Fees	4,150	0	4,150
4	Fitness and Other Reimbursements	8,622	0	8,622
5	Franklin Dinner Income	6,748	0	6,748
6	Supported Employment	571	0	571
7	PPP Loan Forgiveness	200,000	0	200,000
8			0	

Part I, Line 16a (990-PF) - Legal Fees

		12,985	0	12,985	12,985
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Legal Fees	12,985		12,985	12,985

Part I, Line 16b (990-PF) - Accounting Fees

		26,996	0	26,996	26,996
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Accounting	26,996		26,996	26,996

Part I, Line 16c (990-PF) - Other Professional Fees

		14,232	0	14,232	14,232
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Contract Instructors	150		150	150
2	Housecleaning	5,375		5,375	5,375
3	Janitorial and Landscaping	8,707		8,707	8,707

Part I, Line 18 (990-PF) - Taxes

		89,766	0	89,766	89,766
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Payroll Taxes	88,607		88,607	88,607
2	Property Taxes	1,159		1,159	1,159

Part I, Line 19 (990-PF) - Depreciation and Depletion

Description		Date Acquired	Method of Computation	Asset Life	Cost or Other Basis	Beginning Accumulated Depreciation	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Land		SL		224,107	0			
2	Buildings		SL		616,872	319,677	23,996		23,996
3	Improvements		SL		84,175	61,406	3,998		3,998
4	Vehicles		SL		79,411	54,617	7,837		7,837
5	Furniture & Fixtures		SL		29,775	25,596	3,137		3,137
6	Machinery & Equipment		SL		58,478	52,728	2,394		2,394
							41,362	0	41,362

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Part I, Line 23 (990-PF) - Other Expenses

		238,813	0	238,813	238,813
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Advertising and Marketing	3,464	0	3,464	3,464
2	Automobile	2,479	0	2,479	2,479
3	Bank Charges	2,052	0	2,052	2,052
4	Dues	1,255	0	1,255	1,255
5	Filing Fees	-3,275	0	-3,275	-3,275
6	Fitness Expense	269	0	269	269
7	Groceries and Household	48,630	0	48,630	48,630
8	Insurance	18,169	0	18,169	18,169
9	Leases	2,394	0	2,394	2,394
10	Office Supplies	23,670	0	23,670	23,670
11	Other Expense	1,563	0	1,563	1,563
12	Postage	425	0	425	425
13	Program Outings	4,766	0	4,766	4,766
14	Repairs and Maintenance	16,676	0	16,676	16,676
15	Staff Training	54,112	0	54,112	54,112
16	Communications	14,652	0	14,652	14,652
17	Utilities	16,167	0	16,167	16,167
18	Workers Compensation	31,345	0	31,345	31,345

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Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

		1,092,818	514,023	555,386	578,795	537,432	1,092,818
Asset Description		Cost or Other Basis	Accumulated Depreciation Beg. of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1	All Fixed Assets	1,092,818	514,023	555,386	578,795	537,432	1,092,818

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Part II, Line 15 (990-PF) - Other Assets

		0	1,350	1,350
Asset Description		Book Value Beg of Year	Book Value End of Year	FMV End of Year
1	Deposits	0	1,350	1,350

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Part II, Line 21 (990-PF) - Mortgages and Other Notes Payable

				0	371,173	160,917									0
	Name of Lender	Title	Check "X" if Business	Original Amount	Balance Due Beg. of Year	Balance Due End of Year	Security Provided	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Purpose of Loan	Description	Fair Market Value of Consideration	Relationship
1	Luther Burbank Savings	Mortgage	X		170,833	160,917	Building								
2	Umpqua Bank/SBA PPP Loan	Loan	X		200,340	0	None								

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Part II, Line 22 (990-PF) - Other Liabilities

		89,483	96,500
Description		Beginning Balance	Ending Balance
1	Accrued Vacation	40,384	40,384
2	Payroll Liabilities	9,854	12,694
3	Accrued Employee and Employer Retirement	6,123	7,725
4	Accrued Salaries	33,122	35,697
5			
6			

Part VII-B, Line 2b (990-PF) - Explanation Regarding the Incorrect Valuation of Assets

N/A

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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

												88,370	2,616	645
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account		
1	David Pyle		1090 Homestead Avenue	Walnut Creek	CA	94596		Director	1.00	0				
2	Alan Schoenfeld		830 Colusa Avenue	Berkeley	CA	94707		President	3.00	0				
3	Pete DuBois		198 Franklin Street	Napa	CA	94559		Director	1.00	0				
4	Erica Conway		1236 Darling Street	Napa	CA	94558		Director	1.00	0				
5	Daphne O'Reagan		810 Roxburgh Avenue	East Lansing	MI	48823		Secretary	3.00	0				
6	Merilee Bennett		952 School Street Suite 419	Napa	CA	94559		Director	1.00	0				
7	Abigail Shaw		1000 N. Point Street Apt 1401	San Francisco	CA	94109		Director	1.00	0				
8	Yi Shepard		300 Calle La Montana	Moraga	CA	94556		Treasurer	3.00	0				
9	Sirena Domecus		68 Coombs Street, Building B	Napa	CA	94559		Interium Executive Director	40.00	88,370	2,616	645		

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Part II, Line 3 (990-PF) - Accounts Receivable

		Accounts Receivable	Allowance for Doubtful Accounts	Fair Market Value
1	Accounts Receivable	Beginning	1 20,555	
		Ending	53,758	49,758
2		Beginning	2 0	
		Ending	0	
3		Beginning	3 0	
		Ending	0	
4		Beginning	4 0	
		Ending	0	
5		Beginning	5 0	
		Ending	0	
6		Beginning	6 0	
		Ending	0	
7		Beginning	7 0	
		Ending	0	
8		Beginning	8 0	
		Ending	0	
9		Beginning	9 0	
		Ending	0	
10		Beginning	10 0	
		Ending	0	
11	Total beginning year amounts		11 20,555	
12	Total end of year amounts		12 53,758	
13	Total fair market value			13 49,758

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2020

Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name MOVING FORWARD TOWARDS INDEPENDENCE California corporation number 2228093

Additional information. See instructions. FEIN 94-3359635

Street address (suite or room) 68 COOMBS STREET BLDG B PMB no.

City NAPA State CA Zip code 94559

Foreign country name Foreign province/state/county Foreign postal code

- A First return Yes No
- B Amended return Yes No
- C IRC Section 4947(a)(1) trust Yes No
- D Final information return?
 - Dissolved Surrendered (Withdrawn) Merged/Reorganized
 - Enter date: (mm/dd/yyyy)
- E Check accounting method: (1) Cash (2) Accrual (3) Other
- F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
- G Is this a group filing? See instructions Yes No
- H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name?
- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
- K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$
- L Is the organization a limited liability company? Yes No
- M Did the organization file Form 100 or Form 109 to report taxable income? Yes No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1,709,562	00
	2	Gross dues and assessments from members and affiliates		00
	3	Gross contributions, gifts, grants, and similar amounts received	116,911	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	1,826,473	00
	5	Cost of goods sold		00
	6	Cost or other basis, and sales expenses of assets sold		00
	7	Total costs. Add line 5 and line 6		00
	8	Total gross income. Subtract line 7 from line 4	1,826,473	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	1,798,480	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	27,993	00
Filing Fee	11	Total payments		00
	12	Use tax. See General Information K		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12		00
	15	Penalties and interest. See General Information J		00
16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result		00	

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer TREASURER Date Telephone 707-253-1125

Preparer's signature James S Gladfelter Date 08/31/2021 Check if self-employed PTIN P01326043

Firm's name (or yours, if self-employed) ALTA MESA GROUP, LLC. Telephone 26-1836473

324 ALTA MESA CIRCLE, NAPA, CA 94558 Telephone 707 253-9079

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	00
	2	Interest	●	2	00
	3	Dividends	●	3	700
	4	Gross rents	●	4	00
	5	Gross royalties	●	5	00
	6	Gross amount received from sale of assets (See Instructions)	●	6	00
	7	Other income. Attach schedule	●	7	1,709,55500
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	1,709,56200
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	00
	10	Disbursements to or for members.	●	10	00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	88,37000
	12	Other salaries and wages	●	12	1,079,60300
	13	Interest	●	13	7,31100
	14	Taxes	●	14	89,76600
	15	Rents	●	15	40,07300
	16	Depreciation and depletion (See instructions)	●	16	00
	17	Other expenses and disbursements. Attach schedule	●	17	493,35700
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	1,798,48000

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		664,433	●	460,491
2	Net accounts receivable		15,555	●	49,758
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10	a Depreciable assets	1,092,818		1,092,818	
	b Less accumulated depreciation	(514,023)	578,795	(555,386)	537,432
11	Land			●	
12	Other assets. Attach schedule		2,910	●	2,482
13	Total assets		1,261,693		1,050,163
Liabilities and net worth					
14	Accounts payable		4,037	●	9,115
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable		371,173	●	160,917
18	Other liabilities. Attach schedule			●	
19	Capital stock or principal fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		797,000	●	783,631
22	Total liabilities and net worth		1,172,210		953,663

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000			
1	Net income per books	●	-13,369
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		-13,369
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		-13,369

2020 Depreciation and Amortization

3885F

Attach to Form 541, Form 109, or Form 199.

Name as shown on tax return MOVING FORWARD TOWARDS INDEPENDENCE	FEIN 94-3359635
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Tangible and intangible assets placed in service during the 2020 taxable year:			Depreciation			Amortization		
(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year	(g) Code section	(h) Period or percentage	(i) Amortization for this year
1								

Add line 1 column (f) and column (i) amounts. See instructions

Depreciation

- 2** California depreciation for assets placed in service beginning before the 2020 taxable year **2** _____
Be sure to make adjustments for any basis differences.
- 3** Total California depreciation. Add line 1(f) and line 2 **3** _____

Amortization

- 4** California amortization for intangibles placed in service beginning before the 2020 taxable year **4** _____
Be sure to make adjustments for any basis differences.
- 5** Total California amortization. Add line 1(i) and line 4 **5** _____
- 6** Total depreciation and amortization. Add line 3 and line 5. See instructions **6** _____

General Information

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to ftb.ca.gov and search for **conformity**. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the instructions. Taxpayers should not consider the instructions as authoritative law.

A Purpose

Use form FTB 3885F, Depreciation and Amortization, to compute depreciation and amortization allowed as a deduction on Form 541, California Fiduciary Income Tax Return, Form 109, California Exempt Organization Business Income Tax Return, or Form 199, California Exempt Organization Annual Information Return. Attach form FTB 3885F to Form 541, Form 109, or Form 199.

Depreciation is the annual deduction allowed to recover the cost or other basis of business or income producing property with a determinable useful life of more than one year. Land is not depreciable.

Amortization is an amount deducted to recover the cost of certain capital expenses over a fixed period.

B Federal/State Differences

California law has not always conformed to federal law regarding depreciation methods, special credits, or accelerated write-offs. Consequently, the recovery periods and the basis on which the depreciation is calculated may be different from the amounts used for federal purposes. Reportable differences may occur if all or part of your assets were placed in service:

- **Before January 1, 1987.** California disallowed depreciation under the federal Accelerated Cost Recovery System (ACRS).

California depreciation is calculated in the same manner as in prior years for those assets.

- **On or after January 1, 1987.** California provides special credits and accelerated write-offs that affect the California basis for qualifying assets. California does not conform to all the changes to federal law enacted in 1993. Therefore, the California basis or recovery periods may be different for some assets.
- **On or after September 11, 2001.** California has not conformed to the federal Job Creation and Worker Assistance Act of 2002 which allows taxpayers to take an additional first year depreciation deduction and Alternative Minimum Tax depreciation adjustment for property placed in service after September 10, 2001.

Line 3, Part I (CA 199) - Contributor Detail Schedule

83,665

	Name of Contributor	Street Address	City	State	Zip Code	Foreign State or Province	Foreign Country	Date Received	Total Amount of Contribution
1	Colette Daniels	220 Newport Center Drive, 11-236	Newport Beach	CA	92660				15,000
2	Bryan Daniels	P.O. Box 640	Alamo	CA	94507				15,000
3	Rajkumar & Poonam Jalan	19805 Versailles Way	Saratoga	CA	95070				10,000
4	Jeff Augustin	N18W24634 Still River Drive	Pewaukee	WI	53072				10,000
5	David Green & Abigail Shaw	20 Redondo Court	Alameda	CA	94501				7,000
6	Napa Valley Can Do	1766 Industrial Way	Napa	CA	94558				6,665
7	Robert English and Anna Zara	4 E. Creek Place	Menlo Park	CA	94025				10,000
8	Pasquale & Linda Pingitore	1340 Crestmont Drive	Angwin	CA	94508				5,000
9	Zalec Familian and Lilian Levinson Foundation	1316 Solano Ave	Albany	CA	94706				5,000
10									

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Line 7, Part II (CA 199) - Other Income

1	Other Income	1	1,709,555
2	_____	2	_____
3	_____	3	_____
4	_____	4	_____
5	_____	5	_____
6	_____	6	_____
7	_____	7	_____
8	_____	8	_____
9	_____	9	_____
10	Total	10	1,709,555

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Line 11, Part II (CA 199) - Compensation of Officers, Directors, and Trustees

88,370

	Name	Street Address	City	State	Zip Code	Title	Time Devoted	Compensation
1	David Pyle	1090 Homestead Avenue	Walnut Creek	CA	94596	Director	1	0
2	Alan Schoenfeld	830 Colusa Avenue	Berkeley	CA	94707	President	3	0
3	Pete DuBois	198 Franklin Street	Napa	CA	94559	Director	1	0
4	Erica Conway	1236 Darling Street	Napa	CA	94558	Director	1	0
5	Daphne O'Reagan	810 Roxburgh Avenue	East Lansing	MI	48823	Secretary	3	0
6	Merilee Bennett	952 School Street Suite 419	Napa	CA	94559	Director	1	0
7	Abigail Shaw	1000 N. Point Street Apt 1401	San Francisco	CA	94109	Director	1	0
8	Yi Shepard	300 Calle La Montana	Moraga	CA	94556	Treasurer	3	0
9	Sirena Domecus	68 Coombs Street, Building B	Napa	CA	94559	erium Executive Direc	40	88,370

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Line 17, Part II (CA 199) - Other Deductions

1	Pension plans, employee benefits	1	182,425
2	Legal fees	2	12,985
3	Accounting fees	3	26,996
4	Other professional fees	4	14,232
5	Travel, conferences, and meetings	5	17,350
6	Printing and publications	6	556
7	Special events direct expenses	7	0
8	Office expenses	8	0
9	Other expenses	9	238,813
10		10	
11		11	
12	Total	12	493,357

Line 12, Sch L (CA 199) - Other Assets

	Beginning	End
1 Deposits	0	1,350
2 Prepays	2,910	1,132
3		
4		
5		
6		
7		
8		
9		
10 Total	2,910	2,482

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