

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2016 or other tax year beginning 16/12 and ending 2016

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

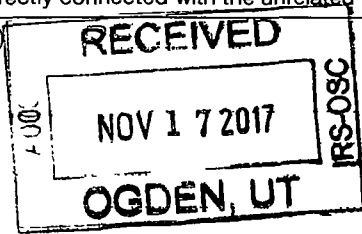
Header section containing organization name (MOVEMEANT FOUNDATION), address (3045 FRANKLIN STREET, SUITE 304 SAN FRANCISCO, CA 94123), EIN (45-4407747), and other identifying information.

Section H: Describe the organization's primary unrelated business activity. RETAIL MERCHANDISE SOLD. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No (X)

Section J: The books are in care of JENNIFER GAITHER. Telephone number (831) 840-1334

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (8,277), Cost of goods sold (11,088), and Total (2,811).

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Deductions Not Taken Elsewhere (lines 14-28), Total deductions (0), and Unrelated business taxable income before net operating loss deduction (-2,811).



SCANNED FEB 01 2016

4

Handwritten marks at the bottom right of the page.

Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 ▶ 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) ▶ 36

37 Proxy tax. See instructions ▶ 37

38 Alternative minimum tax ▶ 38

39 Tax on Non-Compliant Facility Income. See instructions ▶ 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies ▶ 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ 41a

41b Other credits (see instructions) ▶ 41b

41c General business credit. Attach Form 3800 ▶ 41c

41d Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 41d

41e Total credits. Add lines 41a through 41d ▶ 41e

42 Subtract line 41e from line 40 ▶ 42 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) ▶ 43

44 Total tax. Add lines 42 and 43 ▶ 44 0.

45a Payments: A 2015 overpayment credited to 2016 ▶ 45a

45b 2016 estimated tax payments ▶ 45b

45c Tax deposited with Form 8868 ▶ 45c

45d Foreign organizations: Tax paid or withheld at source (see instructions) ▶ 45d

45e Backup withholding (see instructions) ▶ 45e

45f Credit for small employer health insurance premiums (Attach Form 8941) ▶ 45f

45g Other credits and payments: Form 2439 Form 4136 Other _____ Total ▶ 45g

46 Total payments. Add lines 45a through 45g ▶ 46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ 48 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ 49 0.

50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded ▶ 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶

Yes	No
	X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ▶

	X
--	---

53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

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.

Sign Here ▶ *James Grimmer* ▶ 11/14/17 ▶ CEO/DIRECTOR ▶

May the IRS discuss this return with the preparer shown below (see instructions)?	
X	Yes
<input type="checkbox"/>	No

Signature of officer ▶ Date ▶ Title

Paid Preparer Use Only ▶ Print preparer's name KARISA L. CHIN ▶ Preparer's signature *Karisa Chin* ▶ Date 11/13/17 ▶ Check if self-employed ▶ PTIN P00120370

Firm's name ▶ DZH PHILLIPS LLP ▶ **Firm's EIN** ▶ 26-4677183

Firm's address ▶ 135 MAIN STREET, 9TH FLOOR ▶ **Phone no.** ▶ (415) 781-2500

Firm's address ▶ SAN FRANCISCO, CA 94105-1815