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** PUBLIC DISCLOSURE COPY **

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
MOVE MN ACTION FUND
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2446 UNIVERSITY AVE. W STE 17
City or town, state or province, country, and ZIP or foreign postal code
ST. PAUL, MN 55114-0001

D Employer identification number
86-2584324

E Telephone number
651-789-1403

F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify)

H Check ☐ if the organization is not required to attach Schedule B (Form 990).

I Website: WWW.MOVEMNACTION.ORG

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 164,391.

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	164,296.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8	95.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164,391.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	42,052.
	13	Professional fees and other payments to independent contractors	13	8,113.
	14	Occupancy, rent, utilities, and maintenance	14	2,128.
	15	Printing, publications, postage, and shipping	15	3,139.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	10,679.
17	Total expenses. Add lines 10 through 16	17	66,111.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	98,280.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-7,431.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	90,849.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

LHA 432171 12-18-24

11151114 131839 A107900

2024.05000 MOVE MN ACTION FUND

A1079001

Part V

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

☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	4,940.
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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?	38a	X
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 fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	MN	
42a The organization's books are in care of	MJ CARPIO	Telephone no. 651-789-1403
Located at:	2446 UNIVERSITY AVE W, STE 170, SAINT PAUL, MN	ZIP + 4 55114
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
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?	42c	X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	

46

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

Yes

No

46

X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
If "Yes," complete Sch. C, Part II

Yes

No

47

48

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Yes

No

48

49a

Did the organization make any transfers to an exempt non-charitable related organization?

Yes

No

49a

49b

If "Yes," was the related organization a section 527 organization?

Yes

No

49b

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes

No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
MJ CARPIO, EXECUTIVE DIRECTOR
Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name
RACHEL FLANDERS

Preparer's signature
RACHEL FLANDERS

Date
11/14/25

Check ☐ if self-employed

PTIN
P01591790

Firm's name
CLIFTONLARSONALLEN LLP

Firm's EIN
41-0746749

Firm's address
220 S 6TH STREET, SUITE 300
MINNEAPOLIS, MN 55402

Phone no.
612-376-4500

May the IRS discuss this return with the preparer shown above? See instructions

X

 Yes No

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
MOVE MN ACTION FUND	86-2584324

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	95.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INTERNAL TEAM BUILDING (INC. FOOD/BEV)	24.
TECHNOLOGY INVESTMENT	26.
INSURANCE EXPENSE	67.
SUPPLIES & EQUIP - OFFICE	79.
DUES, SUBSCRIPTION, MEMBERSHIPS & PUBS	231.
COMPUTER/INTERNET EXPENSES	285.
WEB DESIGN & MAINTENANCE SERVICES	307.
CC PROCESS FEES	1,161.
WEBSITE DEVELOPMENT - REBRAND	1,440.
LICENSE/FEES/PERMITS	1,500.
PROGRAM/WORKSHOP - MATERIALS & SUPPLIES	2,397.
COMMUNICATIONS EXPENSE	3,162.
TOTAL TO FORM 990-EZ, LINE 16	10,679.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	31,603.	44,467.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - MOVE MINNESOTA ACTION IS COMMITTED TO BUILDING THE GRASSROOTS AND POLITICAL POWER NECESSARY TO TRANSFORM TRANSIT. WE ARE GROWING OUR MOVEMENT THROUGH EFFECTIVE ORGANIZING, ISSUE EDUCATION, AND ELECTORAL ADVOCACY IN MINNESOTA.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2024, MOVE MINNESOTA ACTION WORKED TO SUCCESSFULLY DEFEND TRANSIT FUNDING AND POLICIES TO ENSURE QUALITY TRANSIT OPERATIONS AND IMPROVEMENTS CONTINUE. WE ALSO WORKED TO INTEGRATE THE TRANSIT ASSISTANCE PROGRAM INTO THE MINNESOTA BENEFITS PORTAL, PROVIDING BETTER ACCESS TO DISCOUNTED FARES FOR THE PEOPLE WHO WILL MOST BENEFIT.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:
MOVE MINNESOTA ACTION'S ELECTORAL PROGRAM WORKS TO ENDORSE AND ELECT PRO-TRANSIT CHAMPIONS IN KEY JURISDICTIONS TO ENSURE MORE OF OUR DECISION-MAKERS ARE TRANSIT CHAMPIONS, AND WE CAN HOLD ELECTED OFFICIALS ACCOUNTABLE FOR THE DECISIONS THEY MAKE IN OFFICE.

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.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.