Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2016

Open to Public Inspection

Α	For	he 2016 calendar year, or tax year beginning , 2016, and ending		
B	Check	if applicables -) Employeri	dentification number
	4	change MOVE YOUR FEET BEFORE YOU EAT FOUNDATION	26-08	16202
┝	╡	LCOS CENCATE DD NO OCO	Telephone	
H	4	OCEANSIDE, CA 92054	•	21-9900
F	1	led return		· · · · · · · · · · · · · · · · · · ·
F	1	ation pending	Group Ex	kemption ······ ►
G		Uniting Methods IVI Cook Agencial Other (agent)		·
Ī				organization is not Schedule B
J	Tax-e		990, 990-E	z, or 990-PF).
K		of organization: X Corporation Trust Association Other	·	
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if the state of Form 990-EZ	total	
P		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr		51,586.
8.1 4	41 C E	Check if the organization used Schedule O to respond to any question in this Part I	uctions t	or Part I)
_	1	Contributions, gifts, grants, and similar amounts received	4	
	2	Program service revenue including government fees and contracts.	····	16,000.
	3	Membership dues and assessments.	2	35,586.
	4	Investment income	3	
	1 -	Gross amount from sale of assets other than inventory	4	
		Less: cost or other basis and sales expenses. 5b		
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	_
R	_			
E		<u> </u>	3	
REVENUE	"	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum		
Ü		of such gross income and contributions exceeds \$15,000)		
		Less: direct expenses from gaming and fundraising events 6 c		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
	7 a	Gross sales of inventory, less returns and allowances		
		Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 с	
	8	Other revenue (describe in Schedule 0)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Grants and similar amounts paid (list in Schedule 0). See Schedule 0	. ► 9	51,586.
	10	Grants and similar amounts paid (list in Schedule O)	10	30,125.
	11	Benefits paid to or for members		
E X	12	Salaries, other compensation, and employee benefits	12	3,974.
XPENSES	13	Professional fees and other payments to independent contractors	13	28,238.
N S	14	Occupancy, rent, utilities, and maintenance	14	
E S	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	1,501.
	17	Total expenses. Add lines 10 through 16	. 17	63,838.
۸	18	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,252.
A SSETTS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y figure reported on prior year's return)	oar 3 3	
'T	20	Other changes in net assets or fund balances (explain in Schedule O)		19,329.
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	> 21	7 077
BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.	. [2]	7,077. Form 990-EZ (2016)

· · · · · · · · · · · · · · · · · · ·	1			
			1	
	*		 	
			i	
- 	_			
			Į.	
			}	
				
				i
·	7			1
				
	4			ľ
				
· · · · · · · · · · · · · · · · · · ·				
3 A A			ļ	
BAA	TEEA0812L	12/22/16		Form 990-F7 (2016)
				Form 990-EZ (2016)

	the instructions for Part V) Check if the organization used Schedule O to respond to any	y question in this Part V	aute		X
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O		33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they reflec	. 34		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from	business activities		<u> </u>	_X
	(such as those reported on lines 2, 6a, and 7a, among others)?		. 35 a		Х
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	explanation in Schedule C	35 b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	tion 6033(e) notice,	. 35 c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .		·		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. • Did the organization file Form 1120-POL for this year?				
38 a	Did the organization borrow from or make any loans to any officer director trustee or key	employee or were	37 b	-818	<u> </u>
b	any such loans made in a prior year and still outstanding at the end of the tax year covered if 'Yes,' complete Schedule L, Part II and enter the total		F 101 137 22	F31 3 W.3	X
	amount involved	38b N/	A		
	Initiation fees and capital contributions included on line 9	39a N/	χ (M.)		
	Gross receipts, included on line 9, for public use of club facilities	11/	-1 08084	\$14077 1137	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the		A		
	section 4911 • 0.; section 4912 • 0.; section 4958				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ar benefit transaction during the year, or did it engage in an excess benefit transaction in a price	o 0. ny section 4958 excess or year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958	ration ··· ► 0		9-79-46 (10-69	in perdu
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburs by the organization.	sed			
		· ·	• /	2 2 2	S. 107 . 3
е		ed tax		-authinitian racii.	v
е 41	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None	ed tax	. 40 e	**************************************	X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	Telephone no. ► 760 – ZIP + 4 ► 9200	434-2	312 Yes	X No X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE. Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other	Telephone no. ► 760 – ZIP + 4 ► 9200 r authority over a inancial account)?	434-2		No
41 42 a b c	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act any time during the calendar year, did the organization maintain an office outside the Unit If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ.	Telephone no. ► 760 – ZIP + 4 ► 9200 r authority over a inancial account)? counts (FBAR). ted States? neck here ted States? completed instead be completed	434-2 8 42b 42c 42c	Yes	N/A X X N/A No X X
41 42a b c 43 44a b c d	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill "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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must for Yes, to line 44c, has the organization filed a Form 720 to report these payments? If "Yes," provide an explanation in Schedule O.	Telephone no. ► 760 – ZIP + 4 ► 9200 r authority over a inancial account)? Excounts (FBAR). ted States? neck here 43 completed instead be completed	434-2 8 42b 42c 44a 44b 44c	Yes	N/A X N/A No X
41 42a b c 43 44a b c d	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act any time during the calendar year, did the organization maintain an office outside the Unit If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ.	Telephone no. ► 760 – ZIP + 4 ► 9200 r authority over a inancial account)? Excounts (FBAR). ted States? neck here 43 completed instead be completed	434-2 8 42b 42c 44a 44b 44c	Yes	No X X X X N/A No X X X
41 42 a b c 43 44 a b c d 45 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill "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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must for Yes, to line 44c, has the organization filed a Form 720 to report these payments? If "Yes," provide an explanation in Schedule O.	Telephone no. ► 760 – ZIP + 4 ► 9200 r authority over a inancial account)? counts (FBAR). ted States?	434-28 42b 42c 44c 44d 45a	Yes	No X X N/A N/A No X X X X

Form 990	-EZ (2016) MOVE YOUR FEET BEFO	RE YOU EAT FO	UNDATION	26-083	16292	P	age 4
46 Did can	the organization engage, directly or indired didates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part L	iign activities on behalf o	of or in opposition to	46	Yes	No X
Part VI		only		·····	<u>-</u>	:S	
	Check if the organization used Schedul	e O to respond to any	question in this Part VI.	******************			. П
47 Did	the organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during	the tax year? If 'Yes '	r-	Yes	No
48 Is th	ne organization a school as described in se	ection 170(b)(1)(A)(ii)?	' If 'Yes,' complete Sche	dule E	47		$\frac{x}{x}$
49 a Did	the organization make any transfers to an	exempt non-charitable	e related organization?		49a		X
50 Com	es,' was the related organization a section plete this table for the organization's five high	est compensated emplo	ovees (other than officers	directors trustops and k	49 b		
emp	loyees) who each received more than \$100,00	00 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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None							
					ı		
51 Com	I number of other employees paid over \$1 plete this table for the organization's five high pensation from the organization. If there is	est compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
	(a) Name and business address of each independent co	ntractor	(b) Type (of service	(c) Comp	ensation	 I
None_							
52 Did f	I number of other independent contractors he organization complete Schedule A? No pleted Schedule A.	te: All section 501(c)(3) organizations must at	ttach a	. ► X Yes		
Jnder penalti rue, correct,	es of perjury, I declare that I have examined this return, i and complete. Declaration of preparer (other than officer)	ncluding accompanying sched	dules and statements, and to the	best of my knowledge and beli	ief, it is		No
Sign Here	Signature of officer RICHARD MUSCIO			Date Secretary		<u>-</u>	
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date	Essay D'	ΓIN		
Paid		Self-Prepared	5/13/1	Check 🕮 if			
Preparer Use Only	Firm's name ► Firm's address ►			Firm's EtN Phone no.			
May the IF	S discuss this return with the preparer sho	own above? See instri	uctions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ► Yes		No

Form **990-EZ** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ,

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name	of the organization					Employer identific	ation number
MO	VE YOUR FEET BEFORE	YOU EAT FOUNDA	TION			26-091626	10
Pai	t I Reason for Public Cr	narity Status (All o	organizations must	comple	ete thi	s nart) See instruc	etions
The	organization is not a private fou	indation because it is:	(For lines 1 through 12	, check	only one	e box.)	
1	A church, convention of chur	ches, or association of o	churches described in se	ction 1 7 0	(b)(1)(A)	o(i).	
2	A school described in section	n 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990	or 990-EZ	5.5		
3	A hospital or a cooperative	hospital service organ	nization described in s e	ection 17	, , '0/b\/1\/	AYiii).	
4	A medical research organiz	zation operated in con	junction with a hospital	describe	ed in se	ction 170/h)/1)/A)/iii) E	Entar the beenitelle
	name, city, and state:		į				anter the nospital's
5	An organization operated financial section 170(b)(1)(A)(iv).	or the benefit of a coll Complete Part II.)	ege or university owne	d or ope	ated by	a governmental unit d	escribed in
6	A federal, state, or local go	vernment or governm	ental unit described in	section '	170(b)(1)(A)(v).	
7	X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governn	nental ur	nit or from the general pu	blic described
8	A community trust describe						
9	An agricultural research orga or university or a non-land-gr university:	nization described in se ant college of agricultur	ction 170(b)(1)(A)(ix) ope e (see instructions). Ente	rated in o er the nar	conjuncti ne, city,	on with a land-grant colle and state of the college	ege or
10	An organization that normally from activities related to its investment income and unrulune 30, 1975. See section	elated husiness tavah	le income (less soction	from cont ons, and 511 tax	ributions (2) no from b	s, membership fees, and more than 33-1/3% of i pusinesses acquired by	gross receipts its support from gross the organization after
11	An organization organized a	and operated exclusive	ely to test for public sa	fetv. See	section	n 509(a)(4)	
12	An organization organized a or more publicly supported lines 12a through 12d that or	and operated exclusive	ely for the benefit of, to	perform	the fur	etions of, or to carry o	ut the purposes of one (3). Check the box in
а		tion operated, supervise					
b		ri dila bi					
	Type II. A supporting organ management of the supporting must complete Part IV, Sec	g organization vested in titions A and C.	the same persons that o	ontrol or	suppor manage	ted organization(s), by the supported organizat	having control or ion(s). You
С		d. A supporting organizations). You must com	tion operated in connections	n with, ar	nd functi	onally integrated with, its	supported
d	Type III non-functionally integrated. The instructions). You must con	grated A supporting are	anization approted in an				
е	I Check this box if the organic	zation received a writt	en determination from	the IDC	that it is	s a Tyne I Tyne il Tyn	a III functionally
f	integrated, or Type III non-f Enter the number of supported	uncomany integrated	SUDDOLUMO OMANIZATIOI	n e			
a a	Provide the following information	organizations	d organization(e)	• • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
	(i) Name of supported organization	(in FIN	(iii) Type of organization			T () a	
		(v, = v	(described on lines 1-10 above (see instructions))	organizat in your g docum	overnina	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
<u> </u>							
(B)							
(0)					""		
(C)							
(D)							
<u>(E)</u>							
Total							
ı v(al		POLENCY 中国企业企业的企业			713/4 [24]		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		- 				
Cale beg	endar year (or fiscal year inning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					51,586.	51,586.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					01/000.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4		0.	0.	0.	0.	51,586.	<u>0.</u> 51,586.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		Ŭ.	Ŭ,		31,300.	0.
6	Public support. Subtract line 5 from line 4						51,586.
Sec	tion B. Total Support				<u></u>	The second secon	02,000.
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	51,586.	51,586.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						51,586.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				0.
	First five years. If the Form 990 is organization, check this box and	Stop nere		rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	tion C. Computation of Pul	hlic Sunnart P	ercentado	-			<u></u>
14	Public support percentage for 20	16 (line 6, column	(f) divided by lin	e 11, column (f)).		14	%
	Public support percentage from 2						%
16a	33-1/3% support test—2016. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the b licly supported or	ox on line 13, and ganization	f line 14 is 33-1/3	% or more, check t	his box
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a pub	I not check a box dicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, che	eck this box
	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	neets the hacts-a -and-circumstance	nd-circumstances es' test. The orga	inization qualifies	box and stop her as a publicly supp	e. Explain in Part V ported organization.	'I how ►
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	meets the Tacts-a d-circumstances' t	ng-circumstances est. The organiza	test, check this lation qualifies as a	box and stop her e publicly supporte	e.Explain in Part V ed organization	I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see instr	uctions ►
BAA				· ,		000	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or it	f the organization failed to qualify under Part II. If the organization
fails to qualify under the tests listed below, please complete P	art II)

Sec	tion A. Public Support		product complete		<u> </u>		
Calen 1	dar year (or fiscal year beginning in) F Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			İ			
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal year beginning in) F Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	Stop liere		d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶∏
	tion C. Computation of Pub	olic Support Pe	ercentage				
15	Public support percentage for 20	16 (line 8, column	(f) divided by lin	e 13, column (f)).	*******		%
16	Public support percentage from 2	2015 Schedule A,	Part III, line 15.			16	%
	tion D. Computation of Inve						
17 10	Investment income percentage for	or 2016 (line 10c,	column (f) divided	d by line 13, colur	mn (f))		%
18 192	Investment income percentage fr	om 2015 Scheduk	e A, Part III, line	17			%
	33-1/3% support tests—2016. If this not more than 33-1/3%, check	triis box and stop	n ere. The organi	zation qualifies a	is a publicly sunno	rted organization	▶ }
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%	, check this box a	na stop nere. The	e organization qua	alities as a publich	v supported organi:	zation ► II
20	Private foundation. If the organiz	ation did not chec	ck a box on line 1	4 , 19a, or 19b, cl	heck this box and	see instructions	► 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
 Did the organization confirm that each supported organization qualified under section 501(c)(4). (5), or (6), and
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- **6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
9	2011	
1	garconstructioning field	-
	1,0645,645	\$ 200 CO
er stor		

2		
За		
	g/ 77, 77,	
militaritism.	100000	inimate and
3b		
		- Anna Anna
3c	rstorensoneth)	· · · · · · · · · · · · · · · · · · ·
		- 16-A-1-18
	صفيفات	1467
4a		
		P. Carlo
	# 1 m	10 kg
4b	iron dilaboration	Marie Louis
		্ত্ৰ ক্ৰিন্ত কৰ
	A ctoria	4
		uesi seeta
4c		
		Participant of the State of the
		the second second second
		and the state of t
5а		الهوي والمستوي
	- 111 2771	935 W
a. Sentranta	lina mang	Ariameters
5b		
5с		
and the same of th		
6		
\$V.	5,513	100
4, 14 13, 14		发展
ili di		
7	1	
	\$14g.14j	
8		
N 55 197.7	13, 19, 1973	756.79
9a		
المراجعة والمعاددة	والمتلقات	in the second second
9b		
	71 (10)	981 (1784
9c		
10a		Aufter autonom
	19,737 - 4	. 1.5.1161
		ndaokc.i
10b		

Pа	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Park committee of the c
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	- !		
		4 .0'0 9501	Yes	No
1	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	_		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations, Complete line 3 below.			
		_		
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions),	
2	Activities Test. Answer (a) and (b) below.	[Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2 a		
I	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	100	(1) (1)	
á	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	65.653 E5.653	
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	7 P. 19 7 P. 19	1.3. S.

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization			Part VI). See
Sec	tion A — Adjusted Net Income	110 11)	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	n, med	haynin di da janger jada pa Madi Andrina di da	and the state of the state of the state of
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	- !		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6 	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting org	anization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2016

Sche	edule A (Form 990 or 990-EZ) 2016 MOVE YOUR FEET BEFO	PE VOII FAT FOIIN	Πλ ͲΤΛΝ 2600	16202			
	rt V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	DATION 26-08	16292 Page			
	tion D – Distributions		(commuca)	Current Year			
1	Amounts paid to supported organizations to accomplish exempt pr	urposes		- Janone Tour			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity		ns,				
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations					
4	Amounts paid to acquire exempt-use assets						
5	5 Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.		-				
7	Total annual distributions. Add lines 1 through 6.		·				
8	Distributions to attentive supported organizations to which the organizat in Part VI). See instructions.	ion is responsive (provide	details				
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6			4			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2016:						
а		470 3 5 5 5 5 5 5 5 5					
l;							
	From 2013	Towns to the last					
C	From 2014	\$ 35 6 6 5 6 7	A TOTAL STORY				
	E 0015	to the the Best water and the rest of the entreet of the	x I sate advisor 1 to the Graph and a straightening	Taken to the state of the state			

			E.E. 1980 E. 108 (1974) Filter President Pr
b	746.8°C		rmany a structure
c From 2013		· 全国研究的研究	NU Z GOLVENSK
d From 2014		Deliver States	
e From 2015	g to flat to the way of the second	77-77	
f Total of lines 3a through e		ACT 10 10 10 10 10 10 10 10 10 10 10 10 10	18 18 8 27 FEE 1927 F
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount	La Octobra Conversor		F100 N 10
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	The state of the s		
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			Contract toward
b Applied to 2016 distributable amount	V. V. Carlotte State	14.00 to 10.00 to 20.00	
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			<u> </u>
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:		THE PROPERTY.	
a		The second second	
b Excess from 2013	\$ \$12.75 \$12 Carl Early		
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
ВАА	 Leading Lightner Continues and Experiment of Lightners 	Schedulo A (Eo	rm 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization		Employer identification number
MOVE YOUR FEET BEFORE YOU EAT	FOUNDATION	26-0816292
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (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 priva	ate 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) organ	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor. Complet	, or 990-PF that received, during the year, contributions tota e Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or tor's total contributions.
Special Rules		
For an organization described in section 501 under sections 509(a)(1) and 170(b)(1)(A)(vi), the received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp hat checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 e year, total contributions of the greater of (1) \$5,000 or (2) -EZ, line 1. Complete Parts I and II.	ort test of the regulations 6a, or 16b, and that 2% of the amount on (i)
For an organization described in section 501 during the year, total contributions of more t purposes, or for the prevention of cruelty to	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f han \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	rom any one contributor, erary, or educational
during the year, contributions <i>exclusively</i> for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete any	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f religious, charitable, etc., purposes, but no such contribution total contributions that were received during the year for a y of the parts unless the General Rule applies to this organie, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, zation because
Caution. An organization that isn't covered by th 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it doesn't meet the fi	ne General Rule and/or the Special Rules doesn't file Sched 22, of its Form 990; or check the box on line H of its Form 9 Iling requirements of Schedule B (Form 990, 990-EZ, or 990	ule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 1-PF).

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
	YOUR FEET BEFORE YOU EAT FOUNDATION		er identification number 1816292
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENENTECH 1 ANTIBODY WAY	\$ 15,000.	Person X Payroll Noncash
	OCEANSIDE, CA 92056		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution
		^{\$}	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		 \$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash
DAA			(Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/16	Schedule B (Form 99)	0. 990-F7, or 990-PF) (2016)

Name of organization

Page

1 to

of Part II

MOVE YOUR FEET BEFORE YOU EAT FOUNDATION

Employer identification number 26-0816292

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 N/A (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (d) Date received (see instructions) (b) Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization
MOVE YOUR FEET BEFORE YOU EAT FOUNDATION

Employer identification number 26-0816292

Part III	the following line entry. For organizations of	1e year from any one contribut o ompleting Part III, enter the total o (Enter this information once. See i	cations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and if exclusively religious, charitable, etc., instructions.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transferee's name, address	(e) Transfer of gift 5, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee
BAA			Schedule B (Form 990, 990-F7, or 990-PF) (2016)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MOVE YOUR FEET BEFORE YOU EAT FOU	NDATTON	Employer identification number 26-0816292
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Ex		20-0010292
Donee's Name: Donee's Address: Relationship of Donee: Cash Amount Given:	OCEANSIDE CITY SCHOOLS VARIOUS OCEANSIDE CA 92056 N/A	å 20.10F
Form 990-EZ, Part I, Line 16 Other Expenses		\$ 30,125.
Advertising and Promotion Office Expenses		* 781. 720. Total * 1,501.
Form 990-EZ, Part II, Line 24 Other Assets		
Accounts Receivable		Beginning Ending 3 0. \$ 175. 5 0. \$ 175.
Form 990-EZ, Part III - Organization's P	rimary Exempt Purpose	
PROMOTE EVENTS TO MOTIVATE PEOF	LE (PARTICULARLY TEENAGE GIRLS) TO ENGAGE IN
PHYSICAL FITNESS ACTIVITIES WHI	CH HELP TO PREVENT LIFESTYLE F	RELATED ISSUES AND
ILLNESSES.		
Form 990-EZ, Part III, Line 28 - Stateme	•	
THE ORGANIZATION DIRECTLY CONTR	IBUTED \$ 30,125 TO 98 ELEMENTA	ARY, MIDDLE, AND
HIGH SCHOOLS IN OCEANSIDE, CA I	O FUND AFTER-SCHOOL PHYSICAL F	ITNESS PROGRAMS.
DIRECTORS ALSO MADE OVER 50 PRE	SENTATIONS ON PHYSICAL FITNESS	FOR CHILDREN TO
SCHOOLS, PTO'S AND CIVIC ORGANI	ZATIONS IN OCEANSIDE, CA	
Form 990-EZ, Part V - Regarding Transi	ers Associated with Personal Benefit	Contracts
(a) Did the organization, duri	ng the year, receive any funds	, directly or
indirectly, to pay premiums on		

MOVE YOUR FEET BEFORE YOU EAT FOUNDATION 603 SEAGAZE DR NO 968 OCEANSIDE, CA 92054 Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0501 MOVE YOUR FEET BEFORE YOU EAT FOUNDATION 603 SEAGAZE DR NO 968 OCEANSIDE, CA 92054 Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

California Exempt Organization Annual Information Return

FURIV
199

201	16 Annual Information Return	ion	. i.s.			199
	(ear 2016 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm	ı/dd/yyyy)		•	
MOVE Y	OUR FEET BEFORE YOU EAT FOUNDATION ormation. See instructions.			3 FE	* *	umber
	s (suite or room) CAGAZE DR NO 968				6-0816292 ^{IB no.}	
OCEANS Foreign count	······································	Sta CZ		9:	code 2054	
			organ provincerstate/county		reign postal code	
B Amended C IRC Sect D Final Info	turn	organization engaged See instructions K is the organization en	C Section 23701d, has the in political activities? cempt under R&TC Sectio ss receipts from	 n 23701g	_	X No
F Federal r 4 Ott G Is this a	coounting method: Cash 2	L If organization is exe and meets the filing in No filing fee is requirable. M Is the organization a N Did the organization taxable income? O Is the organization up	mpt under R&TC Section ee exception, check box. red Limited Liability Company file Form 100 or Form 105	23701d 7	··· • Yes 't ··· • Yes	X No
	what is the parent's name? organization have any changes to its guidelines red to the FTB? See instructions Yes X No	audited in a prior yea P Is federal Form 1023. Date filed with IRS	17?/1024 pending?		Yes	X No
Part I	Complete Part I unless not required to file this form. See Ge	eneral Instructions B	and C.		CACA1112L	11/30/16
Receipts and Revenues	 Gross sales or receipts from other sources. From Side Gross dues and assessments from members and affilia Gross contributions, gifts, grants, and similar amounts Total gross receipts for filing requirement test. Add line This line must be completed. If the result is less than S Cost of goods sold. Cost or other basis, and sales expenses of assets sold. Total costs. Add line 5 and line 6. 	tes	BEE SCHB.	1 2 3 4 7	16	,586. ,000. ,586.
Expenses	 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part I 10 Excess of receipts over expenses and disbursements. 	II, line 18		9	63	,586. ,838.
Filing Fee	 10 Excess of receipts over expenses and disbursements. \$\frac{11}{11}\$ 11 Total payments	ract line 12 from line at line 11 from line 12	11	10 11 12 13 14 15	-12	10.
Sign	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 fit Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete. Declaration of preparer (other than taxpayer) is based on a	rom the result		17	owledge and helief.	10.
Here	Signature of officer SECRE	TARY	rer has any knowledge. Date	•	Telephone L4-321-990	
Paid Preparer's Use Only	Preparer's signature SELF-PREPARED Firm's name (or yours, if self-employed) and address	Date 5/13/17	Check if self-employed		PTIN FEIN Telephone	
	May the FTB discuss this return with the preparer shown about	ove? See instructions			Yes	No

MOV Part		Org	FEET BEFORE YOU EAT anizations with gross receipts or amount of gross receipts	f more than \$50,000 and	d private foundations hish substitute information	. <u> </u>	26-	0816292
		1	Gross sales or receipts from al				1 [
		2	Interest					
		3	Dividends	********************	**********		2	
Rece	pts	4	Gross rents					
from Other		5	Gross royalties					
Sour		6	Gross amount received from a	alo of opports (Con instru		• • • • • • • • • • • • • • • • • • •	5	
		7	Gross amount received from sa	ale of assets (See Instru	ctions)		6	
			Other income. Attach schedule			YTEMENT T	7	35,586
		8 9	Total gross sales or receipts from other	r sources. Add line I through I	ne /. Enter here and on Side	1, Part I, line 1		35,586
		_	Contributions, gifts, grants, and similar	amounts paid. Attach schedule	;	TATEMENT Z	9	30,125
		10	Disbursements to or for member	ers			10	
		11	Compensation of officers, direct					O
Expe	1565	12	Other salaries and wages					3,462
and		13	Interest				13	· · · · · · · · · · · · · · · · · · ·
Disbu ments		14	Taxes				14	512
meme	'	15	Rents	***********			15	
	i	16	Depreciation and depletion (Se	e instructions)			16	
		17	Other Expenses and Disbursen					29,739
		18	Total expenses and disbursements. Add	l line 9 through line 17. Enter h	nere and on Side 1. Part I. line	9	18	63,838
Sche	dule	L	Balance Sheet		f taxable year		d of taxat	
Asset	S			(a)	(b)	(c)	u or taxar	(d)
			******************************			100 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25 (\$ /F) •	6,902
			receivable	Bode with the body a street	:		•	175
3	Net note	es rec	eivable			Em. 4.127.20 (1973).	•	173
4	Inventor	ies				6.75	63 4 5 •	
5	Federal	and s	tate government obligations	😂 OSTA BANG JASTOR		3 (4.5) PP 4.5(0.17)	•	
6	Investm	ents i	n other bonds					
7	Investm	ents i	n stock	Fay 350 6 CA 54		\$147/310A TUSTO	•	<u> </u>
8	Mortgag	e loar	n stock	Secretary States		Link Etting and a	788645 •	
9	Other in	vestm	ients. Attach schedule	**************************************				
10 a	Deprecia	able a	ssets			13 Year 15 Evil 5 13 (1997) 78 C		
b	ess acc	արում	ated depreciation		F40 (2001) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		E MAL.	72 53 73 Kill on 18 14 18 63 6
11	and			NSC 10. RS 04. 04. 04. 04.		Carrier Company	angan 🛋	
12	Other as	sets	Attach schedule				4576404 -	
			······		10 200		1.1(3:4) 21.134	
			et worth	**************************************	19,329.		300000 C 216	7,077
	Accounts		1.1			NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	19,614 h.j.s.	Fig. 7 Care no Care William
		, ,						
			gifts, or grants payable				•	
			tes payable			1 /4 / C 3 4 / C / C / C / C / C / C / C / C / C /	<u> </u>	
			/able	**************************************				
			s. Attach schedule	\$\$\$.09(505)\$\$\$			Vit. 34 (3)	
			or principal fund		19,329.		•	7,077
			ital surplus. Attach reconciliation				•	
			ings or income fund	Entry of the state of the state of the	<u> </u>	Contractive Contractive	火勢 •	
			es and net worth	INVESTIGATION OF THE SECTION OF THE	19,329.	医外侧性分类的	1147	7,077
	dule		Do not complete this schedule i	r books with income pe if the amount on Schedule	r return e L, line 13, column (d), is	s less than \$50,000),	
1 1	let inco	me pe	er books			books this year not inc		
2 F	ederal i	ncom	e tax)	in this return. Attac	h schedule	•	<u> 2000 (j), 180 (j. 180 (j</u>

	(d), is less that \$50,000.						
	Net income per books		7	Income recorded on books this year not included			
2	Federal income tax	•		in this return. Attach schedule	<u>Bandar var var tar evil er bibliografia da al espoja e</u> ●		
3	Excess of capital losses over capital gains	•		Deductions in this return not charged			
4	Income not recorded on books this year.			against book income this year.			
	Attach schedule			Attach schedule	•		
	Expenses recorded on books this year not deducted			Total. Add line 7 and line 8			
	in this return. Attach schedule	•	10	Net income per return.			
6	Total, Add line 1 through line 5			Subtract line 9 from line 6	<u> </u>		

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

Department of the Treasury Internal Revenue Service Name of the organization

California Copy

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of the organization		Employer identification number
MOVE YOUR FEET BEFORE YOU EAT	FOUNDATION	26-0816292
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (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 priv	ate foundation
	501(c)(3) taxable private foundation	
Charle if your properties in the second of t		
Check if your organization is covered by the General		
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
property) from any one contributor. Comple	, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or tor's total contributions.
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), to received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp hat checked Schedule A (Form 990 or 990-EZ), Part II, line 13, le year, total contributions of the greater of (1) \$5,000 or (2) -EZ, line 1. Complete Parts I and II.	ort test of the regulations 16a, or 16b, and that) 2% of the amount on (i)
For an organization described in section 501 during the year, total contributions of more to purposes, or for the prevention of cruelty to	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fithan \$1,000 <i>exclusively</i> for religious, charitable, scientific, litchildren or animals. Complete Parts I, II, and III.	irom any one contributor, terary, or educational
\$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributions to total contributions that were received during the year for any of the parts unless the General Rule applies to this organise, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, ization because
Caution. An organization that isn't covered by the 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it doesn't meet the f	ne General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form iling requirements of Schedule B (Form 990, 990-EZ, or 990	lule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, D-PF).

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

	Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Pa r
Name of organizate MOVE YOU!	R FEET BEFORE YOU EAT FOUNDATION	i i	yer identification number 0816292
Part I Co	ntributors (see instructions). Use duplicate copies of Part I if addit		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	NENTECH		Person X Payroll
	ANTIBODY WAY EANSIDE, CA 92056	\$15,000	. Noncash (Complete Part II for noncash contributions,)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Noncash

(Complete Part II for noncash contributions.)

Name of organization

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

of Part II

MOVE YOUR FEET BEFORE YOU EAT FOUNDATION

Employer identification number

26-0816292 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date rećeived (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I

Name of organization
MOVE YOUR FEET BEFORE YOU EAT FOUNDATION

Employer identification number 26-0816292

Part III	Exclusively religious, charitable, or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	the year from any one contributions the total completing Part III, enter the total (Enter this information once. See	of exclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, addre	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
į	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
DAA			

2016	California	Statements		Page 1
Client MUSCRI61	MOVE YOUR FEET BEFO	RE YOU EAT FOUNDATIO	N	26-0816292
5/13/17				09:25AM
Statement 1 Form 199, Part II, Line 7 Other Income				
Program Service Reve	nue			35,586. 35,586.
Statement 2 Form 199, Part II, Line 9 Contributions, Gifts, Gran	ts, and Similar Amounts Pa	ıìd		
Donee's Name: Donee's Street Addres Donee's City, State, Relationship of Done	ss: VARIOUS ZIP: OCEANSIDE	CITY SCHOOLS CA 92056		
Amount Given:	e: N/A		\$	30,125.
			Total 💲	30,125.
			···	
Statement 3 Form 199, Part II, Line 11 Compensation of Officers,	Directors, Trustees and Key	Employees		
Current Officers:		_		
Name and Add	Averag	e and Total e Hours Compen- Devoted sation	Contri- bution to EBP & DC	Expense Account/ Other
RICHARD MUSCIO 3579 VALLEY CENTRE DE SAN DIEGO, CA 92130	Secretar R NO 125 0	y \$ 0.	\$ 0.	\$ 0.
KATHY KINANE 2987 HIGHLAND DR CARLSBAD, CA 92008	CFO 0	0.	0.	0.
GERRY MARTIN 3579 VALLEY CENTRE DF SAN DIEGO, CA 92130	Presiden NO 125 0	0.	0.	0.
		Total \$ 0.	\$ 0.	\$ 0.
				<u>.</u>
Statement 4 Form 199, Part II, Line 17 Other Expenses				
Accounting Fees Advertising and Promo Office Expenses Other fees	tion	• • • • • • • • • • • • • • • • • • • •	``	1,050. 781. 720. 27,188. 29,739.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



					Check if:			
State Charity Registration Number X Change of address								
MO Nam	VE YOUR FEET BEFORE YO	U EAT	FOUNDATIO	N	Amended	report	·	
60 Addi	3 SEAGAZE DR NO 968 ress (Number and Street)				Corporate or 0	Organization No. 302015	5	
	EANSIDE, CA 92054				Federal Employ	yer I. D. No. 26-0816292	<u> </u>	
City	or Town ANNUAL REGISTRA	ATION RI	State ZIP (sections 301-307, 311 and 31		
	Ma	ke Checl	Payable to Att	orney General's I	Registry of Cha	ritable Trusts	2)	
	oss Annual Revenue	Fee	Gross Annual		Fee	Gross Annual Revenue		Fee
	ss than \$25,000 ween \$25,000 and \$100,000	0 \$25		001 and \$250,000 001 and \$1 millio		Between \$1,000,001 and \$1 Between \$10,000,001 and \$ Greater than \$50 million		\$150 \$225 \$300
PA	RT A — ACTIVITIES					<u> </u>		4000
	For your most recent full accoun Gross annual revenue \$	ting peri	, -	1/01/16 Total assets	<u> </u>	12/31/16) list: 7,077.		
PΑ	RT B - STATEMENTS REG	ARDING	G ORGANIZA	TION DURING	G THE PERIO	DD OF THIS REPORT		
Not		the ques	tions below, vo	u must attach a s	senarate sheet		d details for	each '
1	During this reporting period, were			<u>_</u>			Yes	s No
	director or trustee had any financi	al interes	e thereof either o	lirectly or with an e	entity in which ar	ny such officer,] 🛚 🗓
	During this reporting period, was the property or funds?	re any the	eft, embezzlemen	it, diversion or mis	use of the organ	ization's charitable		
3	During this reporting period, did n							
4	Form 4720 with the Internal Rever	iue Servi	ice, attach a cop	by.		-		
5	During this reporting period, were purposes used? If 'yes,' provide an a provider.	the servi	ices of a comme t listing the name	ercial fundraiser of e, address, and tel	or fundralsing co ephone number	ounsel for charitable of the service] 🗵
6	During this reporting period, did the of the name of the agency, mailing a	organizati iddress, i	on receive any go contact person,	overnmental fundir and telephone nu	ng? If so, provide	an attachment listing		
	During this reporting period, did the cindicating the number of raffles ar	<u>id the</u> da	te(s) they occur	red.] 🗵
8	Does the organization conduct a vehithe program is operated by the charitable purposes.	icle donat arity or w	ion program? If the organisms	yes,' provide an at inization contract	tachment indicat s with a comme	ing whether ercial fundraiser for		
9	Did your organization have prepare principles for this reporting period	ed an au ?	dited financial s	tatement in acco	rdance with ger	nerally accepted accounting] 🗵
Orga	anization's area code and telephone	number	714-321-9	9900			<u></u>	
Orga	anization's e-mail address							
l ded	clare under penalty of perjury that belief, it is true, correct and compl	have ex ete.	amined this rep	ort, including ac	companying de	ocuments, and to the best of	i my knowle	dge
Signa	iture of authorized officer	RICH	ARD MUSCIC		SECRETARY			
					· ILIO	Date		

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	Fort	the 2016 calendar year, or tax year beginning , 2016, and ending	,	···-
B	Check	if applicable: C	Employer id	entification number
Ë	ł	change MOVE YOUR FEET BEFORE YOU EAT FOUNDATION	26-081	6292
F	Initial	return 603 SEAGAZE DR NO 968	Telephone n	
F	1	OCEANSIDE, CA 92054	714-32	21-9900
F	Amen	ded return		
	Applic	ation pending F	Group Exc Number	emption ►
G	Acco	unting Method: X Cash Accrual Other (specify) ► H Check ►	if the	organization is not
1	Web	site: www.kinaneevents.com required	to attach S	Schedule B
J	Tax-e	xempt status (check only one) — \overline{X} 501(c)(3) $\overline{}$ 501(c) () \blacktriangleleft (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$ 527 (Form 99)	0, 990-EZ	, or 990-PF).
		of organization: X 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 to ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal	
D	asse art l			51,586.
₽F.€	art <u>t</u>	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru Check if the organization used Schedule O to respond to any question in this Part I	ctions to	or Part I) [X]
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts.		<u>16,000.</u>
	3	Membership dues and assessments.	3	35,586.
	4	Investment income		
	1 -	Gross amount from sale of assets other than inventory	4	
		Less: cost or other basis and sales expenses. 5b		
	ı			
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
R	-	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
E V	1	Gross income from fundraising events (not including \$ of contributions		
REVENUE	"	from fundraising events (not including a first the sum		
Ë		of such gross income and contributions exceeds \$15,000)	Market Company	
		Less: direct expenses from gaming and fundraising events		
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	
		Gross sales of inventory, less returns and allowances	2.59	
		Less: cost of goods sold	(V. 75)	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O).		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	51,586.
	10	Grants and similar amounts paid (list in Schedule O)	10	30,125.
	11	Benefits paid to or for members		
E	12	Salaries, other compensation, and employee benefits	12	3,974.
X P E N S E S	13	Professional fees and other payments to independent contractors	13	28,238.
Ñ	14	Occupancy, rent, utilities, and maintenance	14	
Ĕ	15	Printing, publications, postage, and shipping	15	
•	16	Other expenses (describe in Schedule O)	16	1,501.
	17	Total expenses. Add lines 10 through 16	▶ 17	63,838.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,252.
ASSET T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	ar	
ΈĚ		figure reported on prior year's return)	19	19,329.
S	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	▶ 21	7,077.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-F7 (2016)

Forn	n 990-EZ (2016) MOVE YOUR FEET	tructions for Part II)				.6292 Page 2
	Check if the organization used Sch	edule O to respond to any gu	uestion in this Part II			X
				(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			19,329		6,902.
23	Land and buildings			<u>_</u>	23	0,902.
24	Other assets (describe in Schedule O).	See Schedul	e 0		24	175.
25	Total assets			19,329		7,077.
26	Total liabilities (describe in Schedule O))		0		0.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	10 320		7,077.
Par	t III Statement of Program Service A	ccomplishments (see the ins	tructions for Part III)		<u> </u>	Expenses
	Check if the organization used So	chedule O to respond to any a	question in this Part	IIIX	Regu	uired for section 501
Desc mea: bene	is the organization's primary exempt purpose? Secribe the organization's program service a sured by expenses. In a clear and concisefited, and other relevant information for	e Schedule 0 accomplishments for each of the manner, describe the serving ach program title.	its three largest pro- ces provided, the nu	gram services, as imber of persons	(c)(3) organ	and 501(c)(4) nizations; optional hers.)
28	See Schedule O					
				· 		,
	(Grants \$ 30,125.) If th		,,	·		
29		nis amount includes foreign g			28 a	32,712.
23						
	(Grants \$) If th			· <u></u> -		
30	(Grants \$) if th	nis amount includes foreign g	rants, check here		29 a	
30						-
	(Grants \$) If th				i	
21	Other programs and in Colombia in Colombia	is amount includes foreign g	rants, check here	· · · · · · · · · · · · · · · ·	30 a	
31	Other program services (describe in Sch	nedule O)	****************			
20	(Grants \$) If th	is amount includes foreign g	rants, check here	<u> </u>	31 a	
5 <u>Z</u>	Total program service expenses (add lin	nes 28a through 31a)		·······	32	32,712.
rai	List of Officers, Directors,	rustees, and Key Emp	Ployees (list each one	even if not compensated — s	ee the ir	structions for Part IV)
	Check if the organization used Sc		uestion in this Part			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensal (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefit contributions to employeement plans, and det compensation	s, oyee erred	(e) Estimated amount of other compensation
RIC	HARD MUSCIO					
Sec	retary	0		o.	0.	0
KAT	HY KINANE		<u></u>			0.
CFÖ		O		0.	0.	0
GER	RY MARTIN			"		0.
Pre	sident	0	ı	0.	0.	٨
				-		0.
		i				
]	
					-	
					[
	·					
					_ -	
						
				 	-+	
BAA		TEEA0812L 12	2/22/16			Farmer 000 PT (000 PT
		- LL-30012E 12				Form 990-EZ (2016)

Par	the instructions for Part V) Check if the organization used Schedule O to respond to any	quirements inSee Sc	hedule	0	X
33				Yes	No
-	If 'Yes,' provide a detailed description of each activity in Schedule O		33	103	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they re	eflect		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from	ousiness activities	<u> </u>		X
L	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
ri C	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide and Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to each	explanation in Schedule	e <i>O</i> . 35 b	<u> </u>	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part I	l	35 c		Х
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions •	37a	ก	6 34E	
d - 20 -	Did the organization file Form 1120-POL for this year?		37 b	. Challengering	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee or were by this return?	···· 38 a		X
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	NT / A) 	
39	Section 501(c)(7) organizations. Enter:	300	N/A		
	Initiation fees and capital contributions included on line 9		N/A	Subj	
	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A		100 ST
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	year under:	100	2 22 V	
	section 4911 ► 0 .; section 4912 ► 0 .; section 4955	5 ►	0.	1837	14 (G)
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ar benefit transaction during the year, or did it engage in an excess benefit transaction in a price	11 nontine 4050			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	or year that has not bee	n 40 b		v
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958	ation		1075	X
	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 reimburs by the organization.	sed ►	0.		A designation
			O . 1/2/2 2		1.000
e	All organizations. At any time during the tay year, was the organization a porty to a prohibite	d tax		· vomeins tensor	وبرز وب دودووات
	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40 e	- vennaliset sansak	X
	All organizations. At any time during the tay year, was the organization a porty to a prohibite	d tax	40 e	A VONNAISAS derestis.	X
	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T	d tax	40 e	n vermentional observable	X
41	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None	d tax	40 e	November and Submaries	X
41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE			312	X
41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's	Telephone no. ► 760	0-434-2	312	X
41 42 a	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or ethor.	Telephone no. ► 760 ZIP + 4 ► 920	0-434-2 008	312 Yes	X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	Telephone no. ► 760 ZIP + 4 ► 920	0-434-2 008	Yes	
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or ethor.	Telephone no. ► 760 ZIP + 4 ► 920	0-434-2 008	Yes	No
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	Telephone no. ► 760 ZIP + 4 ► 920	0-434-2 008	Yes	No
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	Telephone no. ► 760 ZIP + 4 ► 920	0-434-2 008	Yes	No
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "Yes," enter the name of the foreign country:	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008	Yes	No
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "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 Account.	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008 42b	Yes	No X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "Yes," enter the name of the foreign country:	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008 42b	Yes	No
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008 42b	Yes	No X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008 42b	Yes	No X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008 42b	Yes	No X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008 42b	Yes	No X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)?	0-434-2 008 42b	Yes	No X X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill '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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch and enter the amount of tax-exempt interest received or accrued during the tax year.	Telephone no. ► 760 ZIP + 4 ► 920 authority over a nancial account)? counts (FBAR). ed States?	0-434-2 008 42b	Yes	No X
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. > 760 ZIP + 4 > 920 authority over a nancial account)? counts (FBAR). ed States?	0-434-2 008 42b	Yes	No X X N/A N/A No
41 42 a b	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ.	Telephone no. > 760 ZIP + 4 > 920 authority over a nancial account)? counts (FBAR). ed States?	0-434-2 008 42b 42c 42c	Yes	No X X N/A N/A No
41 42 a b c c	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file '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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch and enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ.	Telephone no. > 760 ZIP + 4 > 920 authority over a nancial account)? counts (FBAR). ed States?	0-434-2 008 42b 42c 444a	Yes	No X N/A N/A No X X
41 42 a b c d	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these narmonts?	Telephone no. > 760 ZIP + 4 > 920 authority over a nancial account)? counts (FBAR). ed States? eck here completed instead be completed	0-434-2 008	Yes	No X X N/A N/A No
41 42 a b c d	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fill '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 Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Ye,' provide an explanation in Schedule O.	Telephone no. 760 ZIP + 4 920 authority over a nancial account)? counts (FBAR), ed States?	0-434-2 008 42b 42c 44a 44b 44c 44d	Yes	No X N/A N/A No X X X X
41 42 a b c 43 44 a b c d 45 a	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed None The organization's books are in care of KATHY KINANE Located at 800 GRAND AVENUE SUITE C-10 CARLSBAD CA At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac At any time during the calendar year, did the organization maintain an office outside the Unit If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year. Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these narmonts?	Telephone no. 760 ZIP + 4 920 authority over a nancial account)? counts (FBAR). ed States? eck here completed instead be completed	0-434-2 008 42b 44a 44a 44b 44c 44d	Yes	No X N/A N/A No X X

Form 990	-EZ (2016) MOVE YOUR FEET BEF	ORE YOU EAT FO	UNDATION	26-08	16292	F	Page 4
can	the organization engage, directly or indire	e Schedule C, Part I…	aign activities on behalf	of or in enposition to	(All yet a series	Yes	
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only	···			 S	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.		• • • • • • • • • • • • • • • • • • • •		П
47 Did t						Yes	No
com	the organization engage in lobbying activities plete Schedule C, Part II	or riave a section 501(r	n) election in effect during	the tax year? If 'Yes,'	47		
48 Is th	ie organization a school as described in se	ection 170(b)(1)(A)(ii)?	? If 'Yes,' complete Sche	dule E	48		X
49 a Did 1	the organization make any transfers to an	exempt non-charitabl	e related organization?		49 a		X
b lf 'Y	es,' was the related organization a section	527 organization?			49b		
50 Com empl	plete this table for the organization's five high loyees) who each received more than \$100,0	nest compensated empli 00 of compensation from	oyees (other than officers, n the organization. If there	directors, trustees and k	ey		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimater	d amour pensatio	nt of
None							
				·		<u>_</u>	
	I number of other employees paid over \$1						
comp	olete this table for the organization's five high pensation from the organization. If there is	lest compensated indep s none, enter 'None.'	endent contractors who ea	ich received more than \$	100,000 of		
***	(a) Name and business address of each independent co		(b) Type o	of service	(c) Comp	ensation	
None			(***)		(c) comp		
					ı		
							
					<u> </u>		
					1		
d Total	number of other independent contractors	each receiving over \$	\$100,000				
52 Did to	he organization complete Schedule A? No pleted Schedule A	te: All section 501(c)(3) organizations must at	tach a	► X Yes	Г	
Under penaltie	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than officer	including accompanying sche	dules and statements, and to the	best of my knowledge and bel	ief, it is		<u>No</u>
iruo, correct, e	and complete. Declaration of preparer (other than officer	is based on all information (of which preparer has any knowle	edge.	_ 	·	
Sign	Signature of officer			Date			
Here	RICHARD MUSCIO			Secretary			
<u> </u>	Type or print name and title						_
		Preparer's signature	Date	Check if	TÍN		
Paid		<u>Self-Prepared</u>	5/13/1	7 self-employed			
Preparer Use Only	Firm's name ►				BW0350Mprosenco	200000000000000000000000000000000000000	
OSC OTHY	Guarante			Firm's EIN			
May the IR	S discuss this return with the preparer sho	own above? See insta	retions	Phone no.		<u> </u>	
2	The second secon	955701 566 11501	aodolio,		· Yes	ا لــا	No.
					Form 990	- EZ (2	:016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Employer identification number MOVE YOUR FEET BEFORE YOU EAT FOUNDATION 26-0816292 Part La Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college q or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C. Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) Yes No (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				•/		
Cale beg	endar year (or fiscal year inning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					51,586.	51,586.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					31,300.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	51,586.	51,586.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				<u> </u>	31,380.	0.
	Public support. Subtract line 5 from line 4						51,586.
Sec	tion B. Total Support						01/300.
Cale begi	endar year (or fiscal year Inning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	51,586.	51,586.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						51,586.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
13	First five years. If the Form 990 is torganization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sec	tion C. Computation of Put	olic Support P	ercentage				
14	Public support percentage for 20	16 (line 6, column	ı (f) divided by lin	e 11, column (f)).		14	%
	Public support percentage from 2					<u> </u>	%
16a	33-1/3% support test—2016. If the and stop here. The organization	ne organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	line 14 is 33-1/39	% or more, check t	nis box
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a pub	not check a box plicly supported or	on line 13 or 16a, ganization	and line 15 is 33	-1/3% or more, che	ck this box
	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts'	-and-circumstance	es' test. The orga	test, check this this this this this this terminal termin	oox and stop here as a publicly supp	Explain in Part Vorted organization.	I how ► [
	10%-facts-and-circumstances ter or more, and if the organization r organization meets the 'facts-and	fleets the facts-a fl-circumstances' t	est. The organiza	test, check this b tion qualifies as a	ox and stop here publicly supporte	. Explain in Part V d organization	l how the
	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a, ———	or 17b, check this	box and see instru	uctions ► 🗌
BAA					Scho	edule A (Form 990	or 990-E7) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						(i) Total
2	any 'unusual grants.')			 			
£.	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
. 5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	idar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12							
	Total support. (Add lines 9,						
	10c, 11, and 12.)						
	10c, 11, and 12.)	stop here	· • · • · · · · · · · · • · · · · · · ·	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Sec	10c, 11, and 12.)	blic Support P	ercentage	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	*************) ▶ []
Se c	10c, 11, and 12.)	blic Support Polic (line 8, column	ercentage (f) divided by line	e 13, column (f)).			∂▶ □
Se c 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from	blic Support Polic (line 8, columna 2015 Schedule A,	ercentage (f) divided by line Part III, line 15	e 13, column (f)).			············ <u>▶ ∐</u>
Sec 15 16 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support Polic Since 8, columna 2015 Schedule A, estment Incon	ercentage (f) divided by line Part III, line 15 1e Percentage	e 13, column (f)).			<u>`</u> <u>▶ ∐</u>
Sec 15 16 Sec	10c, 11, and 12.)	blic Support Polic (line 8, column 2015 Schedule A, estment Incomor 2016 (line 10c,	ercentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	e 13, column (f)).	mn (f))		<u>`</u> <u>▶ ∐</u>
Sec 15 16 Sec 17 18	10c, 11, and 12.)	blic Support Polic (line 8, column 2015 Schedule A, estment Incon or 2016 (line 10c, rom 2015 Schedul	ercentage (f) divided by line Part III, line 15 1e Percentage column (f) divided e A, Part III, line	e 13, column (f)). If by line 13, column to the second to	mn (f))	15 16 17 18	
Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage finvestment income percentage fines not more than 33-1/3%, check	blic Support Polic (line 8, column 2015 Schedule A, estment Incomor 2016 (line 10c, rom 2015 Schedul the organization die this box and stop	ercentage (f) divided by line Part III, line 15 1e Percentage column (f) divided e A, Part III, line d not check the behere. The organi	e 13, column (f)). If by line 13, column to the line 14, and the line 14, and the line station qualifies a	mn (f))d line 15 is more	15 16 17 18 than 33-1/3%, and orted organization.	% % %
Sec 15 16 Sec 17 18 19a b	First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage finvestment income percentage final fi	blic Support Polic (line 8, column 2015 Schedule A, estment Incomor 2016 (line 10c, rom 2015 Schedul the organization die this box and stop the organization die, check this box a	ercentage (f) divided by line Part III, line 15 1e Percentage column (f) divided e A, Part III, line d not check the be here. The organi d not check a box nd stop here. The	e 13, column (f)). If by line 13, column to the line 14, and the line 14 or line 14 or line organization qualities at the line line line line line line line lin	mn (f))d line 15 is more is a publicly suppore 19a, and line 16 alifies as a publicl	15 16 17 18 than 33-1/3%, and orted organization. Is supported organ y supported organ	% % % % line 17 ► □ /3%, and ization ► □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	ΑII	Supporting	Organizations

				T
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
32	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	MA 3 50	
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4 a	Singuista de la constantia	(2) (1) (2) (3)
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> 'Yes,' provide detail in Part VI .	6		Marian Company
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8	onicación.	- 25 mil
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a	94 K ABA	S. C. C. S. C.
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i> .	9b	illerind.	in the
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9c		Mily of A
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		and the second s
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	106	San Sala	

P	art IV Supporting Organizations (continued)			rage s
1	Has the organization accepted a gift or contribution from any of the following persons?	F	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	_	
Se	ection B. Type I Supporting Organizations			L
1	Did the diverters trustees as march and in a		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	100	
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		, ,	
_		instruct	ions).	
2	1-7		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		And the second s
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
;	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
DAA	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

	irt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on ons m	Nov. 20, 1970 (explain in ust complete Sections A	Part VI). See through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	ction B — Minimum Asset Amount	.1	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	A Average monthly value of securities	1a	5-44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):		tan a tanah managan sa	and the second s
_ 2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount	· · · · · ·		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Service and the service	
_ 2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inter(see instructions).	grate	d Type III supporting org	anization
ВАА			Schedule A (Fo	rm 990 or 990-EZ) 2016

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
	ction D – Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a a			
b	12 4 Th 12 2 C C C C		Processor of the Control of the Cont
c From 2013			
d From 2014	SELECTION SHOW	90 2 Frank (27 SA . 1-1 SA	
e From 2015	And the second second to the second to the second	The same of the second day of the	(1976) E. 186 - Majoritani - J. M. 1866 (1867) again
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			<u> 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - </u>
i Carryover from 2011 not applied (see instructions)	EEL PARTE TO		ATT 19 4 (F. 19 ATT
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years		- Auda	
b Applied to 2016 distributable amount			66 - 1 H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:	V & STEEL AND BOOKS	400510100558887840	The second secon
a	Received the		
b Excess from 2013			
c Excess from 2014	1.1.45/2 B. M. D. 1.6.1 W. C.	and the more property	
d Excess from 2015			
e Excess from 2016	Dare of a fraction of	e en color de la c	

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b:Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of the organization		Employer identification number			
MOVE YOUR FEET BEFORE YOU EAT	FOUNDATION	26-0816292			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (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 priva	ate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General	I Rule or a Special Rule				
	anization can check boxes for both the General Rule and a S	Provided Production of the Control o			
	anization can check boxes to both the General Rule and a 5	pedial Rule, See Instructions.			
General Rule [X] 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 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	rom any one contributor, ierary, or educational			
\$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution e total contributions that were received during the year for a y of the parts unless the General Rule applies to this organiste, etc., contributions totaling \$5,000 or more during the year	ons totaled more than in <i>exclusively</i> religious, ization because			
Caution. An organization that isn't covered by the 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it doesn't meet the	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 990	ule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 0-PF).			

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

Schedule B	(Form	990,	990-EZ,	or	990-PF)	(2016)
Name of organi	zation					

Page

1 of Part I

MOVE YOUR FEET BEFORE YOU EAT FOUNDATION

Page 1 of Employer identification number 26-0816292

Part	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GENENTECH 1 ANTIBODY WAY	\$15,000.	Person X Payroll Noncash
	OCEANSIDE, CA 92056	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Oncash Complete Part II for
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for
PAA -			(Complete Part II for noncash contributions.)

Name of organization

MOVE YOUR FEET BEFORE YOU EAT FOUNDATION

Employer identification number 26-0816292

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page Name of organization Employer identification number MOVE YOUR FEET BEFORE YOU EAT FOUNDATION 26-0816292 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.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (a) No. from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) (d) Description of how gift is held Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OVE YOUR FEET BEFORE YOU EAT FOUN	IDATION	26-0816292
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Ex	cess of \$5,000	
Donee's Name: Donee's Address:	OCEANSIDE CITY SCHOOLS VARIOUS	
Relationship of Donee: Cash Amount Given:	OCEANSIDE CA 92056 N/A	\$ 30,125
Form 990-EZ, Part I, Line 16 Other Expenses		
Advertising and Promotion Office Expenses		\$ 781. 720. 720. \$ 1,501.
Form 990-EZ, Part II, Line 24 Other Assets		
Accounts Receivable	Tot	Beginning Ending \$ 0. \$ 175 al \$ 0. \$ 175
Form 990-EZ, Part III - Organization's Pr	imary Exempt Purpose	
PROMOTE EVENTS TO MOTIVATE PEOP	LE (PARTICULARLY TEENAGE G	IRLS) TO ENGAGE IN
PHYSICAL FITNESS ACTIVITIES WHI	CH HELP TO PREVENT LIFESTY	LE RELATED ISSUES AND
ILLNESSES.		
Form 990-EZ, Part III, Line 28 - Statemer	nt of Program Service Accomplisi	hments
THE ORGANIZATION DIRECTLY CONTR	IBUTED \$ 30,125 TO 98 ELEM	ENTARY, MIDDLE, AND
HIGH SCHOOLS IN OCEANSIDE, CA TO	O FUND AFTER-SCHOOL PHYSIC	AL FITNESS PROGRAMS.
DIRECTORS ALSO MADE OVER 50 PRE	SENTATIONS ON PHYSICAL FIT	NESS FOR CHILDREN TO
SCHOOLS, PTO'S AND CIVIC ORGANI	ZATIONS IN OCEANSIDE, CA	
Form 990-EZ, Part V - Regarding Transfe	ers Associated with Personal Ber	nefit Contracts
(a) Did the organization, during	ng the year, receive any f	unds, directly or
indirectly, to pay premiums on a	a personal benefit contrac	t? No
(b) Did the organization, during	ng the year, pay premiums,	directly or

indirectly, on a personal benefit contract?.....

No