Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization 4MyCity Inc D Employer identification number Address change Doing business as 84-2908913 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 333 Burnside Ave (443)615-9502 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Taneytown, MD 21787 19,890,908 Application pending F Name and address of principal officer: Christopher A Dipnarine **H(a)** Is this a group return for subordinates? 333 Burnside Ave Taneytown MD 21787 H(b) Are all subordinates included? X 501(c)(3)) (insert no.) 527 If "No," attach a list. See instructions https://4mycity.us/ Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2019 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: 4MyCity is committed to helping reduce food insecurity and reducing food waste by directly transferring fresh, usable food that would Activities & Governance otherwise been thrown away from grocers, restaurants, and other food industry sources to food insecure families throughout our local communities. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 5 4 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 12 Total number of volunteers (estimate if necessary) 6 250 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 70,588,044 19,890,908 Revenue 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 70,588,044 19,890,908 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 292,049 252,627 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 70,464,515 19,692,177 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 70,756,564 19,944,804 (168,520) (53,896)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 269,763 277,187 21 Total liabilities (Part X, line 26) 72,025 133,344 Net assets or fund balances. Subtract line 21 from line 20 197,738 143,843 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Christopher Dipnarine Sign Signature of officer Date Here Christopher Dipnarine, President Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Check **Paid** Edgar M Rollins Jr 09-14-2023 P00089661 Edgar M Rollins Jr self-employed Preparer Firm's name Accountency, LLC Firm's EIN **Use Only** 5850 Waterloo Road Suite 140 Firm's address Phone no.

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

Columbia MD 21045

No

Yes

410-964-2913

Form	n 990 (2022) 4MyCity Inc	84-2908913	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. 🗌
1	Briefly describe the organization's mission:		
	4MyCity is committed to helping reduce food insecurity and reducing food was	te by directly	7
	transferring fresh, usable food that would otherwise been thrown away from g	rocers, restau	ırants,
	and other food industry sources to food insecure families throughout our locations	al communities	3.
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes <u>x</u>	No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes 🗓	No
	If "Yes," describe these changes on Schedule O.	al Inc.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organize the services of the ser		
	the total expenses, and revenue, if any, for each program service reported.	ners,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 19,730,168 including grants of \$) (Revenue	\$	1
-14	Since its establishment in 2018, the organization has distributed over 125 m.	· -	/ of food
	to families facing hunger. 4MYCITY is also in the process of installing an ac		
	which will allow them to process all types of food waste and biodegradable process.		
	compost - technology that is new to the state of Maryland,	TOURS THE C	<u> </u>
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	Other are grown as misses (Describe as Cabachte C.)		
4d	Other program services (Describe on Schedule O.)	`	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 19,730,168		

2) 4MyCity Inc Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> ? See instructions	2	х	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110		
h	complete Schedule D, Part VI	11a	X	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		Λ
Ĭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.415		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Λ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1.5		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 Х 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 Х Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 0 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

1c

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organizations maintaining doper advised funds	0		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	A E		
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		X
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves." complete Form 6069			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Christopher A Dipnarine (443)615-9502, 333 Burnside Ave, Taneytown, MD 21787			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

EEA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	(0)	(C) Position				(5)	(5)	(5)		
(A) Name and title	(do not check more than							(D) Reportable	(E) Reportable	(F) Estimated amount
Name and die	hours	Average box, unless person is both an officer and a director/trustee)						compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/ 1099-NEC)	organization and
	related	ector	ution	막	emplo	est co	er	1099-NEC)	1099-NEC)	related organizations
	organizations below	truste	al trus		уее	ompe				
	dotted line)	ě	stee			nsate				
						ă				
(1) Sally Lim	<u>1.0</u> 0									
Secretary		Х		х				0	0	0
(2) John Gates	<u>1.0</u> 0									
Director		х		х				0	0	0
(3) Troy_McPherson	1.00							_		_
Director		Х		Х				0	0	0
(4) Soo Bae	<u>1.0</u> 0									
Director (5) Chairtanhan 3 Dianagin	40.00	Х		Х				0	0	0
(5) Christopher A Dipnarine President, CEO	40.00			x				0	0	0
·				^				0	0	<u> </u>
<u>(6)</u>										
<u>(7)</u>										
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<u>(13)</u>										
<u>(14)</u>										
									•	

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Part	VII Section A. Officers, Directors, T	rustees,	Key E	Ξm _l	plo	yee	s, ar	nd F	Highest Comp	ensated En	nployees	(continued)
	(A) (B) Name and title Average hours per week				Po: leck m ss pe	rson is	han one s both a /trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related	col	(F) nated amount of other mpensation from the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W- 1099-MISC/ 1099-NEC)	orga	ioni tie inization and d organizations
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Subtotal	ion A .										
d 2	Total (add lines 1b and 1c)								0 ore than \$100,000	of	0	0
	reportable compensation from the organization		isicu a	DOV	C) W	10 10	COIVC	u 1110	orc triair \$100,000			0
3	Did the organization list any former officer, direc	tor, trustee,	key en	nplo	yee,	or h	ighest	t cor	mpensated			Yes No
	employee on line 1a? If "Yes," complete Schedul										3	х
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater th	•	•					•				
-	individual										4	х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_				5	x
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Report comp										ear.	
	(A)			0110	<u> у с</u>	<i>y</i> u. 0			(B)		(C)	
	Name and business addres	ss							Description of service	es	Compens	sation
2	Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the cont	-			se lis	ited a	above) wh	10			

Form 990 (20	22)	4MyCity Inc	
Part VIII	Statem	ent of Revenue	

		Check if Schedule O co	ontains a respons	e or n	ote to any line in thi	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
	1a	Federated campaigns .		1a					sections 512–514
	b	Membership dues		1b					
ints nts	C	Fundraising events		1c					
G To T	d	Related organizations .		1d					
ifts, r Ar	е	Government grants (contr		1e					
s, G mila	f	All other contributions, gif	•						
r Sil		and similar amounts not in	ncluded above	1f	19,890,908				
ibu	g	Noncash contributions inc	cluded in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f		1g	\$				
	h	Total. Add lines 1a-1f				19,890,908			
					Business Code				
ø.	2a								
o Š	b								
Ser	С								
ıram Serv Revenue	d								
Program Service Revenue	e	All other program service							
_		, ,							
		Total. Add lines 2a-2f .							
	3	Investment income (includi other similar amounts) .							
	4	Income from investment of							
	5	Royalties	•	•					
		,	(i) Real		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7a	Gross amount from	(i) Securiti	es	(ii) Other				
		sales of assets							
		other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses							
en ne	l .	Gain or (loss)							
Re	1	Net gain or (loss)							
Other Re	8a	Gross income from fundra	ising						
0		events (not including \$ _	n line	-					
		of contributions reported o 1c). See Part IV, line 18		8a					
	h	Less: direct expenses .		8b					
	l .	Net income or (loss) from t							
		Gross income from gaming	•	Ĭ.					
		activities, See Part IV, line	-	9a					
	b	Less: direct expenses .		9b					
	1	Net income or (loss) from							
	10a	Gross sales of inventory, le	ess						
		returns and allowances .		10a					
	l .	Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales of inventory	/					
					Business Code				
Snc	11a								
Miscellanous Revenue	b								
Sek Seke	C								
Nis F		All other revenue							
		Total. Add lines 11a-11d Total revenue. See instru				19,890,908	0	0	0
		. J.a. I J. GII GO. OCC III SII U				,,	, 0	, 0	. 0

Part IX Statement of Functional Expenses

C4: F04(-)(2) F04(-)(4)		!	
Section Surici(3) and Surici(4)	organizations must complete all	columns. All other organizations	must complete column (A)
00011011 00 1(0)(0) 4114 00 1(0)(1)	organizatione made complete an	columno i in cultor organizatione	made dompided dominin (7 t).

	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C)	(D)
1				Management and	Fundraising
2	~		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
3	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
-	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,461	39,615	39,615	9,231
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	114,787	56,195	55,892	2,700
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,447		30,447	
10	Payroll taxes	18,932	8,925	8,896	1,111
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	15,745		15,745	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,727			4,727
13	Office expenses	6,419	6,419		
14	Information technology	344		344	
15	Royalties				
16	Occupancy	336,906	336,906		
17	Travel	11,635	11,635		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,193		6,193	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,187	33,187		
23	Insurance	3,267		3,267	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Program Expenses	19,237,286	19,237,286		
b	Management Expenses	4,237		4,237	
С	Fundraising Meals	5,422			5,422
d	General Fundraising Expenses	26,809			26,809
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	19,944,804	19,730,168	164,636	50,000
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022) 4MyCity Inc 84-2908913 Page 11

Part X Balance Sheet
Check if Schedule

		Check if Schedule O contains a response or note	to an	y line in this Part X	(A)		(B)
	1	Cook non interest bearing			Beginning of year	1	End of year
	2	Cash - non-interest-bearing		F	97,868	2	106,451
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former of				4	
	,	trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified pers		3			
	·	under section 4958(f)(1)), and persons described in sect				6	
Assets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		-		9	
	10a	Land, buildings, and equipment: cost or other	 			9	
	IVa	basis. Complete Part VI of Schedule D	10a	214,222			
	b	Less: accumulated depreciation		43,486	171 005	10c	170 726
	11	Investments - publicly traded securities		•	171,895	11	170,736
	12	Investments - other securities. See Part IV, line 11 .		F		12	
	13	Investments - program-related. See Part IV, line 11 .		F		13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 3		F	269,763	16	277,187
	17	Accounts payable and accrued expenses			7,766	17	(2,290)
	18	Grants payable		=	7,700	18	(2,230)
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o		F		21	
	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
ig		controlled entity or family member of any of these person		, 6. 6676		22	
Ë	23	Secured mortgages and notes payable to unrelated thir		=	63,830	23	131,898
	24	Unsecured notes and loans payable to unrelated third p		F	429	24	3,736
	25	Other liabilities (including federal income tax, payables t		F	127		37730
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			72,025	26	133,344
		Organizations that follow FASB ASC 958, check here	x		,		
		and complete lines 27, 28, 32, and 33.					
ces	27				197,738	27	143,843
alan	28	Net assets with donor restrictions			•	28	
Ä		Organizations that do not follow FASB ASC 958, che	ck her	e 🗆 T			
Ĭ.		and complete lines 29 through 33.		_			
P.F	29					29	
sts (30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
\SS(31	Retained earnings, endowment, accumulated income, or		funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	197,738	32	143,843
	33	Total liabilities and net assets/fund balances			269,763	33	277,187

EEA Form **990** (2022)

Form	1990 (2022) 4MyCity Inc	84-290	08913		Page	2 1⊿
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	.9,89	0,90	80
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	9,94	4,80	04
3	Revenue less expenses. Subtract line 2 from line 1	3		(5	3,8	96
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		19	7,7	38
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				1
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		14	3,8	43
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. [
				Ye	s N	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a x	:	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b x	:	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	2c x	:	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	Ba		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required quality and discounting the required data of addition, the organization and return data go the					

EEA

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Employer identification number

4MyCity Inc 84-2908913 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 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 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 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 10 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 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2022 4MyCity Inc 84-2908913 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 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 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 Amounts from line 4 7 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 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

 Schedule A (Form 990) 2022
 4MyCity Inc
 84-2908913
 Page 3

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.)

Secti	on A. Public Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			37,666,970	70,588,044	9,890,908	128,145,922
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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	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						
6	Total. Add lines 1 through 5			37,666,970	70,588,044	9,890,908	128,145,922
7a	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.)						128,145,922
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6			37,666,970	70,588,044	9,890,908	128,145,922
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0					128,145,922
14	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, th	ird, fourth, or fi	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop her						<u>x</u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8					15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment In-						
17	Investment income percentage for 2022 (I	line 10c, colum	nn (f), divided l	by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2021					18	<u>%</u>
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b	ox and stop h	ere. The orga	nization qualifie	es as a publicly	supported or	rganization
b	33 1/3% support tests - 2021. If the organization						
	line 18 is not more than 33 1/3%, check this bo		_			-	
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box a	and see instru	uctions

Schedule A (Form 990) 2022 4MyCity Inc Page 4 84-2908913

Part IV **Supporting Organizations**

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

S

ecti	on A. All Supporting Organizations			
	•		Yes	No
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		
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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.	3b		
С	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.	3с		
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 lines 4b and 4c below.	4a		
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		
С	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 lines 5b and 5c 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? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on 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.	9с		
I0a	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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

m 990) 2022 4MyCity Inc Supporting Organizations (continued) Schedule A (Form 990) 2022 84-2908913 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
2	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		
Secti	on C. Type II Supporting Organizations			
			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		
Secti	on 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 line 2, above, 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		
	on 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	ınst	ructio	ons).
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	. <i>(</i>)		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Test. Amount lines 20 and 26 holes.)	ctions)		Nia
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
а	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			
		20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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. <i>Answer lines 3a and 3b below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	or to capported organizations. It is too, accombe in it are visite follopia you by the Ulyanization in this fedalu.			

Part IV

 Schedule A (Form 990) 2022
 4MyCity Inc
 84-2908913
 Page 6

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gani	zations				
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	trust	t on Nov. 20, 1970 (expl	ain in Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year			
	•		(7.) 1 1101 1 001	(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					
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year			
			(1.) 1.101.100.	(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):						
	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
-	(explain in detail in Part VI):						
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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Secti	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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-functional		tegrated Type III suppor	ting organization			

EEA Schedule A (Form 990) 2022

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continued	d)	
Section D - Distributions					Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen				
	organizations, in excess of income from activity			2	
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which				
	(provide details in Part VI). See instructions.				
9	9 Distributable amount for 2022 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		1	10	
		(i)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022 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)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization **Employer identification number** 4MyCity Inc 84-2908913 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 private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** x 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

(Complete Part II for

noncash contributions.)

Rosedale MD 21237

EEA

Name of organization

Employer identification number

84-2908913

84-2908913 4MyCity Inc Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 1 H&S Bakery **Payroll** x Noncash 601 S Caroline St 1,200,810 (Complete Part II for Baltimore MD 21231 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 2 Amazon DCA1 **Payroll** Noncash x 1700 Sparrows Point Blvd 11,562,851 (Complete Part II for Sparrows Point MD 21219 noncash contributions.) (a) (c) (d) (b) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution 3 Sudano's Produce LLC Person **Pavroll** Noncash 1,667,351 7251 Standard Dr (Complete Part II for Hanover MD 21076 noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 4 McDonalds **Pavroll** Noncash x 5045 Ritchie Hwy 1,492,500 (Complete Part II for Brooklyn MD 21225 noncash contributions.) (a) (c) (d) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 5 Hungry Harvest **Payroll** x 600,000 Noncash 101 W Dickman St (Complete Part II for Baltimore MD 21230 noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 6 Bowery Farming **Payroll** \$ Noncash x 10000 Franklin Square Dr Ste 300 1,093,522

Name of organization

4MyCity Inc

84-2908913

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

I dit ii	1 Horicasii i Toperty (See mandenons). Ose dapiicate ee	proce of t art if if additional opaco	10 1100000.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Bread and bakery items		
		\$1,200,810	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ 2	Fresh Produce, meat, dairy, eggs, bread, canned goods, school supplies and toys	\$\$	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Fresh produce, meat, dairy, eggs	\$\$\$\$	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	Bread	\$\$	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Fresh produce	\$	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Fresh produce	\$\$	12-31-2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Inspection

4MyCi	ity Inc		84-2908913
Pa		sed Funds or Other Similar Funds or Acc	ounts.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advise		
	funds are the organization's property, subject to the organization	_	
6	Did the organization inform all grantees, donors, and de	onor advisors in writing that grant funds can be use	ed
	only for charitable purposes and not for the benefit of the		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the org	anization (check all that apply).	
	Preservation of land for public use (for example, red	creation or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	☐ Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements .		. 2b
С	Number of conservation easements on a certified histo	oric structure included in (a)	. 2c
d	Number of conservation easements included in (c) acc	quired after July 25, 2006, and not on a	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminated by the or	rganization during the
	tax year		
4	Number of states where property subject to conservati	ion easement is located	
5	Does the organization have a written policy regarding to	the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easem	ents it holds?	
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIII, describe how the organization reports con-	·	
	balance sheet, and include, if applicable, the text of the	_	that describes the
	organization's accounting for conservation easements.		
Par		ons of Art, Historical Treasures, or O	tner Similar Assets.
	Complete if the organization answered "Y		
1a	If the organization elected, as permitted under FASB A		
	of art, historical treasures, or other similar assets held		erance of public
	service, provide in Part XIII the text of the footnote to it		ana abaat wada af
b	If the organization elected, as permitted under FASB A	•	
	art, historical treasures, or other similar assets held for	public exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		r.
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical surface are provided to be reported under EASE	_	ain, provide the
_	following amounts required to be reported under FASE		¢.
a h	Revenue included on Form 990, Part VIII, line 1		\$

84-2908913

Par	t III Organizations Maintaining	Collections of	Art, Historic	al Treasures	, or Otl	ner Similar As	sets (co	ntinu	ued)
3	Using the organization's acquisition, access	sion, and other record	s, check any of	the following that i	make sig	nificant use of its			
	collection items (check all that apply):								
а	☐ Public exhibition		d 🗌 Lo	oan or exchange p	rogram				
b	Scholarly research		e 🗌 O	ther					
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	n how they furth	er the organizatio	n's exem	pt purpose in Part			
	XIII.								
5	During the year, did the organization solicit of		•						
	assets to be sold to raise funds rather than		part of the organ	nization's collectio	n?		Yes	i 📗	No
Par		•							
	Complete if the organization	answered "Yes"	on Form 99	0, Part IV, line	9, or r	eported an amo	ount on	Form	1
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod		-					_	
	included on Form 990, Part X?					• • • • • • • • •	. Yes	i 📙	No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	llowing table:						
						Amo	ount		
C	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f o-	Ending balance								N1 -
2a	Did the organization include an amount on F							=	No
Par	If "Yes," explain the arrangement in Part XII Endowment Funds.	ii. Check here ii the e	xpianation has t	been provided on	Part Alli			⊔	
I ai	Complete if the organization	answered "Yes"	on Form 99	0 Part IV line	10				
	Complete ii tile organization	(a) Current year	(b) Prior year			(d) Three years back	(e) Four	veare h	ack
1a	Beginning of year balance	(a) Current year	(b) I not year	(c) Two years	3 Dack	(u) Three years back	(e) 1 our	years b	ack
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rrent year end balance	e (line 1g, colum	nn (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are he	eld and administer	ed for the		r		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized			e R?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Par			F 00	O Dant IV line	44- 0		D4 V I		^
	Complete if the organization								U.
	Description of property	(a) Cost or other	' '	Cost or other basis (other)	١,,	Accumulated preciation	(d) Book	value	
10	Land	,	,	(00101)	de	p. colation			
1a b	5								
C	Buildings			55,500		4,794		50,7	706
d	Equipment	• •		158,722		38,692	1	20,0	
u e	Other			130,722		30,092		20,0	
	Add lines 1a through 1e (Column (d) must		t X column (R)	line 10c)			1	70 '	736

	rm 990) 2022 4MyCity Inc		84	-2908913 P
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ie 11b. See Fori	m 990, Part X, line 1
	(a) Description of security or category (including name of security)	(b) Book value	\ '	Nethod of valuation: nd-of-year market value
I) Financial	derivatives			
2) Closely-h	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) word a well Farm 2000 Part V and (D) live 40)			
otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	m 000 Dort I\/ lir	0 110 Coo For	m 000 Dart V lina 1
	Complete if the organization answered "Yes" on For	iii 990, Pait IV, iii		ii 990, Pait A, iiile i
	(a) Description of investment	(b) Book value	1	flethod of valuation: nd-of-year market value
(1)			0031 01 0	na-or-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(-)				
(7)				
(7)				
(8)				
(8) (9)	ın (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9)	on (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9) otal. (Colum		m 990, Part IV, lir	ne 11d. See Fori	m 990, Part X, line 1
(8) (9) otal. (Colum	Other Assets.	m 990, Part IV, lir	ne 11d. See For	m 990, Part X, line 1
(8) (9) otal. (Colum	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See For	
(8) (9) otal. (Colun Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See For	
(8) (9) otal. (Colun Part IX	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See For	
(8) (9) otal. (Colun Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See Fori	
(8) (9) otal. (Colun Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See Fori	
(8) (9) otal. (Colum Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See Forn	
(8) (9) otal. (Colun Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See For	
(8) (9) otal. (Colun Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on For	m 990, Part IV, lir	ne 11d. See For	
(8) (9) otal. (Colun Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Formal (a) Description		ne 11d. See Fori	
(8) (9) otal. (Colun Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on For		ne 11d. See Fori	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part	•		•	Return	•
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements			1	19,890,908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b		-	
C .	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	19,890,908
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b		4-	
c	Add lines 4a and 4b			4c	10 000 000
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5 Dotu	19,890,908
rait	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, P.			er Ketu	111.
	•				10 044 004
1	Total expenses and losses per audited financial statements			1	19,944,804
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	20			
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
C	Other (Describe in Part VIII.)	2c		-	
d	Other (Describe in Part XIII.)	2d		20	
e	Add lines 2a through 2d			2e 3	10 044 004
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	19,944,804
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4b		-	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	19,944,804
Part		• • • •			10,011,001
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	lines 1b a	and 2b: Part V. line 4: F	Part X. lin	e
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an				-
_,		,			
_					

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 84-2908913 4MyCity Inc Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (c) Description of transaction (d) Corrected? organization Yes No (1) (2) (3) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the with organization principal amount by board or agreement? organization? committee? Yes Yes No No (1) (2) (3) (4) (5) **Total**

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				

 Schedule L (Form 990) 2022
 4MyCity
 Inc
 84-2908913
 Page 2

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi reve	-
(4) 42- 51:		001 000	Rental of Commercial	Yes	No
(1) 4MyCity, LLC (2)	Key Employee	221,000	vehicles at market rate		х
(3)					
(4)					
(5)					
Provide additional information	n. ion for responses to questions	on Schedule L (see	instructions).		
1 Tovide additional informati	ion for responses to questions	on concadic E (see	motractions).		

EEA Schedule L (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

84-2908913 4MyCity Inc 01. Form 990 governing body review (Part VI, line 11) The CEO reviews the Form 990 before filing. 02. Conflict of interest policy compliance (Part VI, line 12c) Board Members and key employees are required to certify annually that they are in compliance with the organizations conflict of interest policy. 03. Governing documents, etc, available to public (Part VI, line 19) All quarterly board meetings are documented and made available to the public in compliance with the organizations bylaws.

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 84-2908913 4MyCity Inc **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 32,086 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (f) Method placed in (business/investment use (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property ΗY \mathtt{SL} 50 7-year property d 10-year property e 15-year property 31,530 15 \mathtt{SL} 1,051 20-year property g 25-year property 25 yrs. S/L S/L h Residential rental 27.5 yrs. NMM27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 33,187 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return		FEIN
4MyCity Inc		84-2908913

Description		Amount
Contributions Gifts & Grants	\$	694,425
Non-cash Contributions of Food		18,290,125
Non-cash Contributions Other		906,358
	Total: \$	19,890,908

990	Overflow Statement (This page is not filed with the return. It is for your records only.)		2022	Page 2	
Name(s) as shown on return			FEIN		
4MyCity Inc			8	4-29089	13
Description				Amount	
Software Sul	bscriptions		\$		344
	ТС	tal:	\$		344

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 3
Name(s) as shown on return		FEIN
4MyCity Inc		84-2908913

Description		Amount
Rent	<u> </u>	319,739
Other Misc Warehouse Expenses		15,750
Utilities		1,417
	Total: \$	336,906

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 4
Name(s) as shown on return		FEIN
4MyCity Inc		84-2908913

Description		Amount
Worker's Compensation	<u> </u>	\$ 2,592
Liability Insurance		319
General Insurance		356
	Total: \$_	3,267

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022	Page 5
Name(s) as shown on return		FEIN	
4MyCity Inc		84	1-2908913

Description	Amount
Donations of Contributed Food	\$ 18,290,125
Donations of Purchased Food	1,999
Other Donations	595,130
Composting	16,945
Supplies	31,623
Subcontractor Food Delivery	2,522
Volunteers Miscellaneous	8,693
Volunteer Meals	1,310
Delivery Vehicle	265,549
Gas	10,815
Vehicle Insurance & Registration	6,665
Parking & Tolls	3,671
Vehicle Repairs & Maintenance	2,239
Total:	\$ <u>19,237,286</u>

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 6
Name(s) as shown on return		FEIN
4MyCity Inc		84-2908913

Description	Amount
Payroll Processing Expenses	\$ 1,477
Bank Charges	296
Dues & Subscriptions	620
Marketing	457
Miscellaneous Taxes	325
Postage/Shipping	15
Security	682
Telephone	365
Total:	\$ 4,237

4MyCity Inc BOOK DEPRECIATION SCHEDULE

Tax Year End: 12-31-2022 ID Number: 84-2908913

Asset#	Description	Date Acq'd	Cost	Method	Life	Prior Depr	CY Depr	Accum Depr	
	Leasehold Improvements	09-28-2020	23,970	SL HY	15	2,397	1,598	3,995	
	Custom Signage	10-05-2020	1,241	SL HY	7	266	177	443	
	Compost Machine 1	10-28-2020	19,000	SL HY	7	4,071	2,714	6,785	
	Macbook Air	06-27-2021	1,149	SL MQ	5	144	230	374	
	ER-4000 Composter	11-30-2021	134,900	SL MQ	5	3,373	26,980	30,353	
	Photo/Video Equipment	12-01-2021	1,934	SL MQ	5	48	387	435	
	HP Multifunction Business Printer	08-14-2022	498	SL HY	5	0	50	50	
	Qualified Improvement Property	09-08-2022	31,530	SL HY	15	0	1,051	1,051	
	Total		214,222			10,299	33,187	43,486	

* Item is included in UBIA for Section 199A calculations.

Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

See "UBIA" in lower right corner.

Social security number/EIN

	4MyCity Inc				·								84-2908913			
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	M	lethod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Compost Machine 1	10282020	19,000		100.00			19,000	7	SL	HY	14.286	4,071	2,714	6,785	2,714
2	Custom Signage	10052020	1,241		100.00			1,241	7	SL	HY	14.286	266	177	443	177
3	Leasehold Improvement	09282020	23,970		100.00			23,970	15	SL	HY	6.667	2,397	1,598	3,995	1,598
4	ER-4000 Composter	11302021	134,900		100.00			134,900	5	SL	MQ	20	3,373	26,980	30,353	26,980
5	Macbook Air	06272021	1,149		100.00			1,149	5	SL	MQ	20	144	230	374	230
6	Photo/Video Equipment	12012021	1,934		100.00			1,934	5	SL	MQ	20	48	387	435	387
7	Qualified Improvement	09082022	31,530		100.00			31,530	15	SL	HY	3.333		1,051	1,051	1,051
8	HP Multifunction Busi	08142022	498		100.00			498	5	SL	HY	10		50	50	50
	Totals		214,222					214,222					10,299	33,187	43,486	33,187

33,187

(This page is not filed with the return. It is for your records only.)

Tax ID Number

2022

Name(s) as shown on return 84-2908913 4MyCity Inc Deduction Form Multi-Form Description Date Basis Method Life 2,714 PRG 1 Compost Machine 1 10-28-2020 19,000 SL 7 PRG 1 Custom Signage 10-05-2020 1,241 \mathtt{SL} 7 177 1 09-28-2020 23,970 15 1,598 Leasehold Improvements \mathtt{SL} PRG PRG 1 ER-4000 Composter 11-30-2021 134,900 SL 5 26,980 06-27-2021 5 1 Macbook Air 1,149 PRG \mathtt{SL} 230 1 Photo/Video Equipment 12-01-2021 1,934 SL 5 387 PRG 1 Qualified Improvement Pr 09-08-2022 31,530 SL 15 2,102 PRG 1 HP Multifunction Busines 08-14-2022 498 SL 5 100 PRG TOTAL 34,288